14-00000

104-10222-10040

2025 RELEASE UNDER THE PRESIDENT JOHN F. KENNEDY ASSASSINATION RECORDS ACT OF 1992

STANDARD FORM 66

SECRET

Official Personnel Folder

SECRET

SECRET
(When Filled In)

BIOGRAPHIC PROFILE (PART I) SCD: 2 Sep 1946

1. PERS. SERIAL NO.: 055505

2. NAME (Last-First-Middle): SHAW, Robert Tylor

3. SEX: M | 4. DATE OF BIRTH: 18 Jun 1925 | 5. CONTINUITY (EMP.) DATE: 8 Mar 1948

6. MARITAL STATUS: Married | 7. DEPENDENT(S) (Exclud. employee): NO. 3 | YEAR(S) OF BIRTH: 1927 1955 1959 | 8. US NATURALIZATION DATE(S): NA | SPOUSE: NA

9. CAREER STAFF STATUS: MEMBERSHIP: Jul 1954 | OTHER STATUS: | LAST MED. RPT.: [illegible] | QUAL. FOR: [illegible] | EVAL. FOR: [illegible]

11. CURRENT RESERVE STATUS: NON-SERVICE: X | GRADE: | ACTIVE DUTY WITH CIA CAT. I: | RELEASE TO MIL. SER. CAT. II: | TO BE DEFERRED CAT. III: | RETIRED:

12. ASSESSMENT DATE: Jul 1947 | 13. PROFESSIONAL TEST DATE: None | 14. LANGUAGE APTITUDE TEST DATE: None

15. NON-CIA EMPLOYMENT
1942 FAD, Patterson Fld, Ohio - Messenger (summer)
1943-45 Military Service, US Army, Pfc - Military and Combat Intelligence
1947-48 Proctor & Gamble, Cincinnati, Ohio - Editor, Personnel Research Dept

16. NON-CIA EDUCATION
1943; 1945 Ohio State Univ - Engineering, Liberal Arts
1944-45 Camp Ritchie, Md - Aerial Photos Interpr
1945-47 Univ of Arizona - BA Spanish, Political Science, History
1965-66 USDA (Corresp) Mod Supv Practice (See #18 below)

17. FOREIGN LANGUAGE ABILITIES (Language, Proficiency, Date Tested): Spanish - R, S, U Native; W, P High (May 1960); Translate - May 1957

18. AGENCY SPONSORED TRAINING
1948 Admin Proc
1948 Intel Orient
1949 Photo
1949 Intel Orient
1949 CI Ops
1956 CI Ops
1962 Photo Ops
1966 COS Sem
1968 Chall of NW Comm.
1965-66 Mod Supv Pract/USDA
1971 WpnsTrng/DefensiveDriving
1972 Short Range Agent Contact
1973 Senior Seminar
1973 CA Ops Seminar
(Continued)

19. CIA EMPLOYMENT HISTORY SINCE 18 SEPT 1947 (Personnel Actions, Military Orders, and Principal Details)

EFFECTIVE DATE	POSITION TITLE & OCCUPATIONAL CODE		GRADE	SD	ORGANIZATION & ORGAN. TITLE (If any)	LOCATION
Mar 1948	I.O. (Trainee)	0132.06	5		OSO/Trainee Pool	Hq
May 1948	" "	0132.06	7		" " "	"
Nov 1948	Reports Off	0132.58	7		OSO/Ops	"
Dec 1949	I.O. Reports	0132.58	7		OSO/FDT/Venezuela Sta	Caracas
Aug 1950	I.O. (Ops)	0132.06	9		" " " "	"
Jun 1952	Ops Off	0136.01	11		OSO/WH-1/Ecuador Sta/COB	Guayaquil
Apr 1954	Area Ops Off	0136.01	12		DDP/WH-1/Ecuador Sta/COB	"
Aug 1954	I.O. (FI)	0136.51	12	DI	DDP/WH-3/Ch, Mexico Desk	Hq
May 1956	Area Ops Off	0136.01	12	DI	DDP/WH-3/Mexico Sta/COB	Nogales
Feb 1957	" " "	0136.01	13	DI	" " " " "	"
Aug 1959	Instructor Ops	1711.50	13	DI	OTR/Ops Sch/Fld Trng/Faculty	Isolation
Dec 1961	" "	1711.50	14	D	OTR/US Field/Trng Stf/Faculty	"
Jan 1963	Ops Off	0136.01	14	D	DDP/TFW/FI-CI Sec	Hq
Apr 1963	" "	0136.01	14	D	DDP/WH-3/Mexico Sta	Mexico City
Sep 1966	Chief of Station	0136.05	14	D	DDP/WH-2/Nicaragua Sta	Managua
Sep 1968	"	0136.05	15	D	" " " "	"
Sep 1970	" (Jul 1970 departed Managua)	0136.05	15	D	DDP/WH-2/ HondurasSta/COS	Tegucigalpa
Oct 1972	" "	0136.01	15	D	DDP/WH/Ch, Br-2 (Cen Amer)	Hq
Mar 1973	" "	0136.01	15	D	DDO/WH/Ch, Br-2(CenAmer)	"
Dec 1973	" "	0136.01	15	D	DDO/WH/Ch, Plans Staff	"

20. DATE REVIEWED: 20 Jan 1976 | 21. PROFILE REVIEWED BY: hms'cal | 22. ITEMS 1-18 REVIEWED & VERIFIED BY EMPLOYEE: 31 Aug 1959

FORM 1200 (PART I) USE PREVIOUS EDITIONS. SECRET PROFILE

14-00000

SECRET
(When Filled In)

BIOGRAPHIC PROFILE (Continuation Sheet)

PERS. SERIAL NO.: [illegible]

NAME (Last-First-Middle): [illegible] Tyler

DATE OF BIRTH: 1[illegible] [illegible]

[illegible]

197[illegible] [illegible] of Capsule

19. CIA EMPLOYMENT HISTORY SINCE 18 SEPT. 1947 (Personnel Actions, Military Orders, and Principal Details) (Cont'd.)

EFFECTIVE DATE	POSITION TITLE & OCCUPATIONAL CODE		GRADE	SD	ORGANIZATION & ORGAN. TITLE (If any)	LOCATION
Apr 1975	Ops Off Ch	0136.01	16	DYB	DDO/LA/Ch,Plans&ProgramsStf	Hq
Aug 1975	Ops Officer	0136.01	16	DYB	DDO/LA/DevComp(Training)	"

DATE REVIEWED: 20 [illegible] 1976

PROFILE REVIEWED BY: [illegible]

FORM 10-71 1200-1c USE PREVIOUS EDITIONS

SECRET

E2 IMPDET CL BY: [illegible]

PROFILE

SECRET
(When Filled In)

PERS. SERIAL NO.	BIOGRAPHIC PROFILE (PART 2)	
055495		
NAME (Last-First-Middle) SHAW, Robert Tyler		DATE OF BIRTH 18 Jun 1925

23.



24. SUMMARY OF CAREER PREFERENCE OUTLINE AND/OR FIELD REASSIGNMENT QUESTIONNAIRE

25. IDENTITY OF OTHER DOCUMENTS WHICH SHOULD BE REVIEWED IN DETAIL

SEE COVER HISTORY ATTACHED

26. ADDITIONAL INFORMATION

Appreciation 1953 from the US Ambassador, Mexico City for invaluable services rendered during trip to Nogales, Mexicali and Tijuana.

Appreciation 1953 from R.F.Cartwright for assistance on survey trip along the California Gulf Coast.

Commendation 1959 from the US Ambassador, Mexico City for outstanding performance of duty while stationed in Mexico.

Award 1965 Outstanding Prepared Speaker's Trophy by the Mexican Chapter of Toastmaster International as a result of a speech entitled "Stop Kicking the Foreign Service."

Award 1974 of a Quality Step Increase in recognition of Subject's sustained excellent performance since 1972.

27. DATE REVIEWED	28. PROFILE REVIEWED BY	
20 Jan 1976	hmr/cal	E 2 IMPDET CL BY [illegible]

FORM NO. 1200 (PART 2) REPLACES FORM 1050 (PART 2) WHICH IS OBSOLETE. SECRET PROFILE

14-00000

SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP

DATE	19 March 1973	FILE NO. 734
SS NUMBER	268-28-0199	
EMPLOYEE NUMBER	055495	
ID CARD NUMBER		

TO: (Check)

x	CHIEF, CONTROL DIVISION, OP
	CHIEF, CONTRACT PERSONNEL DIVISION, OP
x	CHIEF, OPERATING COMPONENT (For action) WH

ATTN: Chief Support STaff

REF: Form 1322 dated 12 Mar 73

OFFICIAL COVER: x ESTABLISHED / DISCONTINUED

SUBJECT: SHAW, Robert T.

UNIT: Department of State

KEEP ON TOP OF FILE WHILE COVER IN EFFECT

ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS		CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS EFFECTIVE DATE:
x		
[x] BASIC COVER PROVIDED EFFECTIVE DATE EOD		SUBMIT FORM 3254 ____ W-2 TO BE ISSUED. (HHB 20-11)
[ ] OPERATIONAL COVER PROVIDED FOR ____ TDY ____ OTHER (Specify)		SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HHB 20-7)
x	SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HHB 20-7)	EAA: CATEGORY I [ ] CATEGORY II [ ]
		RETURN ALL OFFICIAL DOCUMENTATION TO CCS
x	SUBMIT FORM 3254 State W-2 TO BE ISSUED. (HHB 20-11)	SUBMIT FORM 2688 FOR ____ HOSPITALIZATION CARD.
x	SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR 240-2e)	DO NOT WRITE IN THIS BLOCK
x	SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR 240-2e)	
x	EAA. CATEGORY I [ ] CATEGORY II [x]	
x	SUBMIT FORM 2688 FOR AOE HOSPITALIZATION CARD	

REMARKS AND/OR COVER HISTORY

MAR 48-OCT 49-HQS/OVERT
OCT 49-FEB 52-VENEZUELA/STATENOM
FEB 52-MAY 52-HQS/OVERT
MAY 52-JUL 54-ECUADOR/STATE NOM
JUL 54-MAY 56-HQS/OVERT
17 MAY 56-MAY 59-MEXICO/STATE INT
MAY 59-MAY 61-HQS/STATE INT
MAY 61-MAR 63-HQS/OVERT
MAR 63-JUL 66-MEXICO/STATE INT
JUL 66-JUL 70-NICARAGUA/STATE INT
JUL 70-AUG 72-HONDURAS/STATE INT/AUG 72-17 MAR 73-HQS/STATE INT
18 MAR 73-HQS/STATE NOM

DISTRIBUTION:
COPY 1 - CO OR CPD
COPY 2 - OPERATING COMPONENT
COPY 3 - OS/SRSCD
COPY 4 - OL/TFB
COPY 5 - CCS-FILE

CHIEF, OFFICIAL COVER, CENTRAL COVER STAFF

FORM 1551 USE PREVIOUS EDITION

SECRET

E-2, IMPDET CL. BY: 037022

SECRET

OGRAPHIC PROF

SECERT

REPRODUCTION MASTERS

BIOGRAPHIC PROFILE

SECRET

Handle With Care

14-00000

left

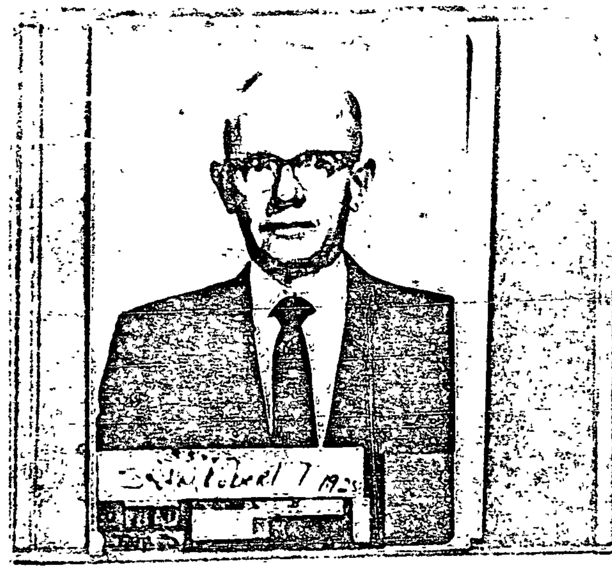
Pre 1963 Requests
for Personnel Action

14-00000

Left

Post 1966 ~~Notifications~~ Requests for
of Personnel Action
and other memos

14-00000



[redacted] Sanitized
bio profile and
Cover Summary

Robert T SHAW

SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP

			DATE	FILE NO.
			19 March 1973	734
TO: (check)	x	CHIEF, CONTROL DIVISION, OP	SS NUMBER: 263-23-0199	
		CHIEF, CONTRACT PERSONNEL DIVISION, OP	EMPLOYEE NUMBER: 055495	
	x	CHIEF, OPERATING COMPONENT (For action) WH	ID CARD NUMBER:	

ATTN: Chief Support Staff	OFFICIAL COVER	x	ESTABLISHED
REF: Form 1322 dated 12 Mar 73			DISCONTINUED
SUBJECT: SHAW, Robert T.	UNIT: Department of State		

KEEP ON TOP OF FILE WHILE COVER IN EFFECT

ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS		CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS
x		EFFECTIVE DATE:
[x] BASIC COVER PROVIDED EFFECTIVE DATE EOD		SUBMIT FORM 3254 ____ W-2 TO BE ISSUED. (HHB 20-11)
[ ] OPERATIONAL COVER PROVIDED FOR ____ TDY ____ OTHER (Specify)		SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HHB 20-7)
x SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HHB 20-7)		EAA: CATEGORY I [ ] CATEGORY II [ ]
x SUBMIT FORM 3254 State W-2 TO BE ISSUED. (HHB 20-11)		RETURN ALL OFFICIAL DOCUMENTATION TO CCS
x SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR 240-2e)		SUBMIT FORM 2688 FOR ____ HOSPITALIZATION CARD.
x SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR 240-2e)		DO NOT WRITE IN THIS BLOCK
x EAA: CATEGORY I [ ] CATEGORY II [x]		
x SUBMIT FORM 2688 FOR AGE HOSPITALIZATION CARD		

REMARKS AND/OR COVER HISTORY

[redacted]

MAR 63-JUL 66-MEXICO/STATE INT

[redacted]

DISTRIBUTION:
COPY 1 - CD OR CP[redacted]
COPY 2 - OPERATING [redacted]
COPY 3 - OS/SRBCD
COPY 4 - OL/TFD [redacted]
COPY 5 - CCS-FILE [redacted]

CHIEF, OFFICIAL COVER, CENTRAL COVER STAFF

SECRET

14-00000

SECRET

BIOGRAPHIC PROFILE (PART I)

Field	Entry
1. Pers. Serial No.	[illegible]
SCD	2 Sep 1946
2. Name (Last-First-Middle)	SHAW, Robert Tyler
3. Sex	M
4. Date of Birth	18 Jun 1925
5. Longevity Comp. Date	3 Mar 1948
6. Marital Status	Married
7. Dependent(s) (Exclude Employee)	No. 3 — Year(s) of Birth 1927, 1955, 1955
8. US Naturalization Date(s)	NA — Spouse NA
9. Career Staff Status	Membership Jul 1954
Other Status	
10. Last Med. Rpt.	Jul 1975
Qual. For	Prep TDY
Eval. For	TDY
11. Current Reserve Status	None X
Service / Grade / Active Duty with CIA Cat. / Release to Mil. Ser. Cat. / To be Deferred Cat. / Retired	
12. Assessment Date	Jul 1947
13. Professional Test Date	None
14. Language Aptitude Test Date	None

15. Non-CIA Employment

1942 FAD, Patterson Fld, Ohio - Messenger (summer)
1943-45 Military Service, US ~~Army,~~ Pfc - Military and Combat Intelligence
1947-48 Proctor & Gamble, Cincinnati, Ohio - Editor, Personnel Research Dept

16. Non-CIA Education

1943; 1945 Ohio State Univ - Engineering, Liberal Arts
1944-45 Camp Ritchie, Md - Aerial Photog Interpr
[illegible]-47 Univ of Arizona - BA Spanish, Political Science, History
1965-66 USDA (Corresp) Mod Supv Practice (See #18 below)

17. Foreign Language Abilities (Language, Proficiency, Date Tested)

Spanish - R, S, U Native; W, P High (May 1960); Translate - May 1957

18. Agency Sponsored Training

[redacted] 1965-66 Mod Supv Pract/USDA
[redacted]
1966 COS Sem [redacted] (Continued)

19. CIA Employment History since 18 Sept 1947 (Personnel actions, Military Orders, and Principal Details)

Effective Date	Position Title & Occupational Code	Grade	SD	Organization & Organ. Title (if any)	Location
[redacted]					
Jan 1963	Ops Off 0136.01	14	D	DDP/TFW/FI-CI Sec	Hq
Apr 1963	" " 0136.01	14	D	DDP/WH-3/Mexico Sta	Mexico City
[redacted]					

20. Date Reviewed	21. Profile Reviewed By	Items 1-18 Reviewed & Verified by Employee
20 Jun 1974	[illegible]	31 Aug 1959

SECRET

SECRET
(When Filled In)

PERS. SERIAL NO.	BIOGRAPHIC PROFILE (Continuation Sheet)	
[illegible]		DATE OF BIRTH
NAME (Last-First-Middle)		18 Jun 1925
SHAW, Robert Tyler		

[redacted] [illegible]

19. CIA EMPLOYMENT HISTORY SINCE 18 SEPT. 1947 (Personnel Actions, Military Orders, and Principal Details)(Cont'd.)

EFFECTIVE DATE	POSITION TITLE & OCCUPATIONAL CODE	GRADE	SD	ORGANIZATION & ORGAN. TITLE (If any)	LOCATION
Apr 1975 Aug 1975	[redacted]				

DATE REVIEWED	PROFILE REVIEWED BY
20 Jun 1976	[illegible]

SECRET

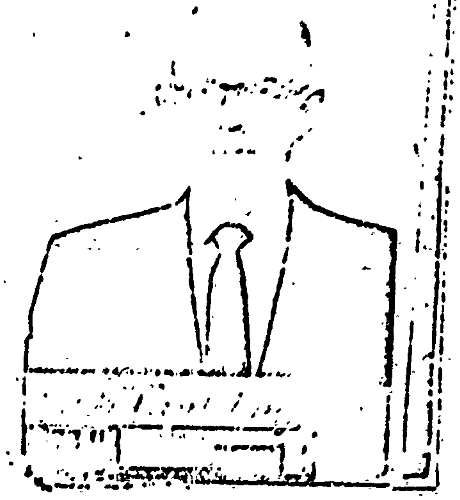
PROFILE

SECRET
(When Filled In)

PERS. SERIAL NO.	BIOGRAPHIC PROFILE (PART 2)
055595	

NAME (Last-First-Middle)	DATE OF BIRTH
SHAW, Robert Tyler	18 Jun 1925

22.



23. SUMMARY OF CAREER PREFERENCE OUTLINE AND/OR FIELD REASSIGNMENT QUESTIONNAIRE

25. IDENTITY OF OTHER DOCUMENTS WHICH SHOULD BE REVIEWED IN DETAIL

SEE COVER HISTORY ATTACHED

26. ADDITIONAL INFORMATION

[redacted]

Award 1955 Outstanding Prepared Speaker's Trophy by the Mexican Chapter of Toastmaster International as a result of a speech entitled "Stop Kicking the Foreign Service."

[redacted]

27. DATE REVIEWED	28. PROFILE REVIEWED BY	
20 Jan 1976	hmr/cal	E 2 IMPDET CL BY 007622

FORM NO. 1200 (PART 2) REPLACES FORM 1060 (PART 2) WHICH IS OBSOLETE. SECRET PROFILE (4)

14-00000

Date: [illegible]

MEMORANDUM FOR: [illegible], ROB

SUBJECT : Request for Estimate of Annuities

1. Please provide estimate of annuities for:

Name: ROBERT T. SHAW

Grade: GS-16

Component: E

DOB: 06 18 25

SCD: 09 02 46

System: CIARDS

ETR: [illegible]

2. Remarks: [illegible]

[illegible]

[illegible]

[illegible]

Counselor, ROB/RAD

CONFIDENTIAL (when filled in)

14-00000

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP

DATE: 18 OCT 78
FILE NO.: 734
SS NUMBER: 268-28-0199
EMPLOYEE NUMBER: 055495
ID CARD NUMBER:

TO: (Check)
- X CHIEF, CONTROL DIVISION, OP
- CHIEF, CONTRACT PERSONNEL DIVISION, OP
- X CHIEF, (OPERATING COMPONENT FOR ACTION) ATTN: IG

REF.: FORM 1322 DATED 5 SEP 78

STATUS: X STAFF | CONTRACT

OFFICIAL COVER: ESTABLISHED | X CANCELLED | CONTINUED

SUBJECT: SHAW, ROBERT T.

UNIT: DEPARTMENT OF STATE

KEEP ON TOP OF FILE WHILE COVER IN EFFECT

	ESTABLISHMENT OF OFFICIAL COVER (BLOCK RECORDS)		CANCELLATION OF OFFICIAL COVER (UNBLOCK RECORDS)
☐	BASIC COVER PROVIDED EFFECTIVE DATE ______	X	EFFECTIVE DATE: EOD
☐	OPERATIONAL COVER PROVIDED FOR ____ TDY ____ OTHER (Specify)	X	FORM 3254 CIA W-2 TO BE ISSUED (HHB 20-7)
	SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY ______ (HHB 20-7)	X	SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY 1 (HHB 20-7)
	FORM 3254 ______ W-2 TO BE ISSUED. (HHB 20-11)	X	EAA: CATEGORY I — X CATEGORY II
	SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR 240-2e)	X	RETURN ALL OFFICIAL DOCUMENTATION TO CCS
	SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR 240-2e)	X	SUBMIT FORM 2688 FOR GEHA HOSPITALIZATION CARD.
	EAA. CATEGORY I ☐ CATEGORY II ☐		DO NOT WRITE IN THIS BLOCK
	SUBMIT FORM 2688 FOR ______ HOSPITALIZATION CARD		THIS FORM MUST REMAIN ON TOP OF FILE

REMARKS AND/OR COVER HISTORY:

MAR 48 - OCT 49 - HQS - OVERT
OCT 49 - FEB 52 - VENEZUELA, CARACAS - STATE DESIGNEE
FEB 52 - MAY 52 - HQS - OVERT
MAY 52 - JULY 54 - ECUADOR - STATE DESIGNEE
JULY 54 - MAY 56 - HQS - OVERT
17 MAY 56 - MAY 59 - MEXICO - STATE - INT.
MAY 59 - MAY 61 - HQS - STATE - INT.
MAY 61 - MAR 63 - HQS - OVERT
MAR 63 - JULY 66 - MEXICO, MEXICO CITY - STATE - INT.
JULY 66 - JULY 70 - NICARAGUA - STATE - INT.
JUL 70-AUG 72-HONDURAS-STATE-INT.
AUG 72-17 MAR 73-HQS-STATE-INT.
18 MAR 73-12 OCT 78-HQS-STATE NON
13 OCT 78- -HQS- OVERT BACK TO EOD

DISTRIBUTION
COPY 1 - CD/TRB OR CPD CONTROL
COPY 2 - OPERATING COMPONENT
COPY 3 - OS/SHD
COPY 4 - OC/CO/TFD
COPY 5 - CCS FILE

SM/DM

[signature]
CHIEF, OFFICIAL COVER BRANCH, CENTRAL COVER STAFF

FORM 4-77 1551 USE PREVIOUS EDITION — SECRET WN-SISM — E 2, IMPDET CL. BY. 021964 — (13-20-43)

Not in file at time of review by HSCA Staff

14-00000

SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP

DATE: 19 March 1973	FILE NO. 734	
x	CHIEF, CONTROL DIVISION, OP	SS NUMBER 268-28-0199
	CHIEF, CONTRACT PERSONNEL DIVISION, OP	EMPLOYEE NUMBER 055495
x	CHIEF, OPERATING COMPONENT (For action) WH	ID CARD NUMBER

ATTN: Chief Support STaff

REF: Form 1322 dated 12 Mar 73

OFFICIAL COVER: x ESTABLISHED / DISCONTINUED

SUBJECT: SHAW, Robert T.

UNIT: Department of State

KEEP ON TOP OF FILE WHILE COVER IN EFFECT

	ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS		CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS EFFECTIVE DATE:
x	[x] BASIC COVER PROVIDED EFFECTIVE DATE EOD [ ] OPERATIONAL COVER PROVIDED FOR ____ TDY ____ OTHER (Specify)		SUBMIT FORM 3254 ________ W-2 TO BE ISSUED. (HHB 20-11)
			SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HHB 20-7)
x	SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HHB 20-7)		EAA: CATEGORY I [ ] CATEGORY II [ ]
			RETURN ALL OFFICIAL DOCUMENTATION TO CCS
x	SUBMIT FORM 3254 State W-2 TO BE ISSUED. (HHB 20-11)		SUBMIT FORM 2688 FOR ________ HOSPITALIZATION CARD.
x	SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR 240-20)		DO NOT WRITE IN THIS BLOCK
x	SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR 240-20)		
x	EAA. CATEGORY I [ ] CATEGORY II [x]		
x	SUBMIT FORM 2688 FOR AGE HOSPITALIZATION CARD		

REMARKS AND/OR COVER HISTORY

MAR 48-OCT 49-HQS/OVERT
OCT 49-FEB 52-VENEZUELA/STATENOM
FEB 52-MAY 52-HQS/OVERT
MAY 52-JUL 54-ECUADOR/STATE NOM
JUL 54-MAY 56-HQS/OVERT
17 MAY 56-MAY 59-MEXICO/STATE INT
MAY 59-MAY 61-HQS/STATE INT
MAY 61-MAR 63-HQS/OVERT
MAR 63-JUL 66-MEXICO/STATE INT
JUL 66-JUL 70-NICARAGUA/STATE INT
JUL 70-AUG 72-HONDURAS/
STATE INT/AUG 72-
17 MAR 73-
HQS/STATE INT
18 MAR 73-HQS STATE NOM

DISTRIBUTION:
COPY 1 - CD or CPD
COPY 2 - OPERATING COMPONENT
COPY 3 - CS/SRBCO
COPY 4 - OL/TFD
COPY 5 - CCS-FILE

CHIEF, OFFICIAL COVER, CENTRAL COVER STAFF

FORM 1-73 1551 USE PREVIOUS EDITION

SECRET

E-2, IMPDET CL BY 007622

(13-20-43)

Post 1966 Notifications of Personnel Action

14-00000

1 SERIAL NUMBER: 055495
2 NAME (LAST FIRST MIDDLE): SHAW ROBERT T

3 NATURE OF PERSONNEL ACTION: REASSIGNMENT
4 EFFECTIVE DATE: 1 | 66
5 CATEGORY OF EMPLOYMENT: REGULAR

6. FUNDS: V TO V | V TO CF | CF TO V | X CF TO CF
7 COST CENTER NO CHARGEABLE: [illegible]
8 CSC OR OTHER LEGAL AUTHORITY: 50 USC 403 [illegible]

9 ORGANIZATIONAL DESIGNATIONS:
DDP/WH
FOREIGN FIELD
BRANCH 2
MANAGUA, NICARAGUA STATION

10 LOCATION OF OFFICIAL STATION: MANAGUA, NICARAGUA

11. POSITION TITLE:
CONSULAR OF CONSUL W C
CHIEF OF STATION

12 POSITION NUMBER: [illegible]
13 SERVICE DESIGNATION: D

14. CLASSIFICATION SCHEDULE (GS, LB, etc.)	15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE
FSR		GS 2	16391
GS	0136.05	14 4	16675

18. REMARKS
MEXICO CITY, MEXICO

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. Employ Code	21. OFFICE CODING NUMERIC	ALPHABETIC	22. STATION CODE	23. INTEGREE CODE	24. Rotn. Code	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI
37	10	51650	WH	52073	1	S	06 18 25		

28. NTE EXPIRES | 29 SPECIAL REFERENCE | 30. RETIREMENT DATA (1 - CSC, 2 - FICA, 3 - NONE) CODE | 31. SEPARATION DATA CODE | 32. CORRECTION/CANCELLATION DATA TYPE MO. DA. YR. | EOD DATA | 33. SECURITY REQ. NO. | 34. SEX

35. VET. PREFERENCE CODE (0 - NONE, 1 - 5 PT., 2 - 10 PT.) | 36. SERV. COMP. DATE | 37 LONG COMP. DATE | 38. CAREER CATEGORY (CAR, RESV, PROV, TEMP) CODE | 39. FEGLI / HEALTH INSURANCE CODE (0 - WAIVER, 1 - YES) HEALTH INS CODE | 40. SOCIAL SECURITY NO.

41 PREVIOUS GOVERNMENT SERVICE DATA CODE: 0 - NO PREVIOUS SERVICE; 1 - NO BREAK IN SERVICE; 2 - BREAK IN SERVICE (LESS THAN 3 YRS.); 3 - BREAK IN SERVICE (MORE THAN 3 YRS.) | 42. LEAVE CAT CODE | 43. FEDERAL TAX DATA: FORM EXECUTED 1 - YES 2 - NO, CODE, NO TAX EXEMPTIONS | 44 STATE TAX DATA: FORM EXECUTED 1 - YES 2 - NO, CODE, NO TAX EXEMP., STATE CODE

SIGNATURE OR OTHER AUTHENTICATION

POSTED
68-?[illegible]

FORM 1150 Use Previous Edition

SECRET

(When Filled In)

C/WH/2

G47

1 Serial No.	2 Name	3 Cost Center Number	4 LWOP Hours
055495	SHAW ROBERT T	51 690 CF	

5 OLD SALARY RATE Grade	Step	Salary	Last Eff. Date	6 NEW SALARY RATE Grade	Step	Salary	Eff. Date	7 TYPE ACTION PSI	QSI	ADJ
GS 14	4	$16,675	12/06/64	GS 14	5	$17,170	12/04/66			

8 Remarks and Authentication

NO EXCESS LWOP
IN PAY STATUS AT END OF WAITING PERIOD
LWOP STATUS AT END OF WAITING PERIOD
CLERKS INITIALS AUDITED BY

I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE

SIGNATURE [illegible]

PAY CHANGE NOTIFICATION

14-00000

1. SERIAL NUMBER	2. NAME (LAST-FIRST-MIDDLE)
055495	SHAW ROBERT T

3. NATURE OF PERSONNEL ACTION: DESIGNATION AS PARTICIPANT IN CIA RETIREMENT AND DISABILITY SYSTEM

4. EFFECTIVE DATE (MO DA YR): 07 03 66

5. CATEGORY OF EMPLOYMENT: REGULAR

6. FUNDS: V TO V / V TO CF / CF TO V: X / CF TO CF

7. COST CENTER NO. CHARGEABLE: 7135 0990 0000

8. CSC OR OTHER LEGAL AUTHORITY: PL 88-643 SECT. 203

9. ORGANIZATIONAL DESIGNATIONS: DDP/WH

10. LOCATION OF OFFICIAL STATION: MEXICO CITY, MEXICO

11. POSITION TITLE

12. POSITION NUMBER

13. SERVICE DESIGNATION: D

14. CLASSIFICATION SCHEDULE (GS, LB, etc.)

15. OCCUPATIONAL SERIES

16. GRADE AND STEP: 14

17. SALARY OR RATE

18. REMARKS

EMPLOYEE WILL RECEIVE NOTIFICATION FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION.

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE | 20. Employ. Code | 21. OFFICE CODING (NUMERIC, ALPHABETIC) | 22. STATION CODE | 23. INTEGREE CODE | 24. Magn. Code | 25. DATE OF BIRTH (MO DA YR) | 26. DATE OF GRADE (MO DA YR) | 27. DATE OF LEI (MO DA YR)

28. NTE EXPIRES (MO DA YR) | 29. SPECIAL REFERENCE | 30. RETIREMENT DATA (1 - CSC, 2 - FICA, 3 - NONE) CODE: 2 | 31. SEPARATION DATA CODE | 32. CORRECTION/CANCELLATION DATA (TYPE, MO DA YR) | EOD DATA | 33. SECURITY REQ. NO. | 34. SEX

35. VET. PREFERENCE (CODE; 0 - NONE, 1 - 5 PT., 2 - 10 PT) | 36. SERV. COMP. DATE (MO DA YR) | 37. LONG COMP. DATE (MO DA YR) | 38. CAREER CATEGORY (CAR, RESV, PROV, TEMP; CODE) | 39. FEGLI / HEALTH INSURANCE (CODE; 0 - WAIVER, 1 - YES; HEALTH INS CODE) | 40. SOCIAL SECURITY NO.

41. PREVIOUS GOVERNMENT SERVICE DATA (CODE; 0 - NO PREVIOUS SERVICE, 1 - NO BREAK IN SERVICE, 2 - BREAK IN SERVICE (LESS THAN 3 YRS), 3 - BREAK IN SERVICE (MORE THAN 3 YRS)) | 42. LEAVE CAT. CODE | 43. FEDERAL TAX DATA (FORM EXECUTED 1 - YES 2 - NO; CODE; NO TAX EXEMPTIONS) | 44. STATE TAX DATA (FORM EXECUTED 1 - YES 2 - NO; CODE; NO. TAX EXEMP; STATE CODE)

SIGNATURE OR OTHER AUTHENTICATION

POSTED
7-14-66 [illegible]

FORM 1150 Use Previous Edition SECRET

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 89-504 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 3 JULY 1966

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
SHAW ROBERT T	055495	51 420	CF	GS 14 4	$16,704	$16,979

14-00000

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 89-301 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A-DCI POLICY DIRECTIVE DATED 4 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 10 OCTOBER 1965

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
SHAW ROBERT T.	055495	51 620	CF	GS 14 4	$15,640	$16,204

14

1. Serial No.	2. Name	3. Cost Center Number	4. LWOP Hours
055495	SHAW ROBERT T	51 700 476 CF	

5. OLD SALARY RATE				6. NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date	PSI	LSI	ADJ
GS 14	3	$15,190	12/08/63	GS 14	4	$15,640	12/06/64			

8. Remarks and Authorization

/ / NO EXCESS LWOP
/ / IN PAY STATUS AT END OF WAITING PERIOD /
/ / LWOP STATUS AT END OF WAITING PERIOD
CLERKS INITIALS AUDITED BY 559

I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.

SIGNATURE: [signature] DATE 13 Oct 64

PAY CHANGE NOTIFICATION

Form 560 Obsolete Previous Edition

14-00000

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND DCI MEMORANDUM DATED 1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS, EFFECTIVE 5 JANUARY 1964.

NAME	SERIAL	ORGN	FUNDS	GR-ST	OLD SALARY	NEW SALARY
SHAW ROBERT T	035495	51 700	CF	GS 14 3	$13,695	$14,515

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87 - 793 AND DCI MEMORANDUM DATED 1 AUGUST 1956 , SALARY IS ADJUSTED AS FOLLOWS, EFFECTIVE 14 OCTOBER 1962

NAME	SERIAL	ORGN	FUNDS	OLD GR-ST	OLD SALARY	NEW GR-ST	NEW SALARY
SHAW ROBERT T	035495	26720	V	14 1	$12210	14 1	$12845

275 254

1 Serial No	2 Name	3 Cost Center Charged	4 LWOP Hours
035495	SHAW ROBERT T	26 720 V	

5 OLD SALARY RATE				6 NEW SALARY RATE				7 TYPE ACTION		
Grade	Step	Salary	Last Eff Date	Grade	Step	Salary	Effective Date	PSI	LSI	ADJ
GS-14	1	$12,845	12/10/61	GS-14	2	$13,270	12/09/62			

8 Remarks and Authentication

/ / NO EXCESS LWOP
/ / IN PAY STATUS AT END OF WAITING PERIOD
/ / LWOP STATUS AT END OF WAITING PERIOD
CLERKS INITIALS ~~jw~~ AUDITED BY

I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.

SIGNATURE: [signature] DATE: 8 Nov. 62

PAY CHANGE NOTIFICATION

14-00000

ADJUSTMENT OF SALARY RATE IN ACCORDANCE WITH THE SCHEDULES OF THE GOVERNMENT EMPLOYEES SALARY REFORM ACT OF 1964 PURSUANT TO THE AUTHORITY OF THE DIRECTOR OF CENTRAL INTELLIGENCE AS PROVIDED IN THE CENTRAL INTELLIGENCE AGENCY ACT OF 1949, AS AMENDED, AND POLICY DIRECTIVE ISSUED BY THE ACTING DIRECTOR OF CENTRAL INTELLIGENCE DATED 8 OCTOBER 1962.

SALARY CONVERTED TO RATE SHOWN FOR INDIVIDUAL'S GRADE AND STEP AS INDICATED IN CHART BELOW.

GENERAL SCHEDULE RATES
Federal Employees Salary Act of 1964

GRADE	*Per Annum Rates and Steps*									
	1	2	3	4	5	6	7	8	9	10
GS- 1	$3,385	$3,500	$3,615	$3,730	$3,845	$3,960	$4,075	$4,190	$4,305	$4,420
GS- 2	3,680	3,805	3,930	4,055	4,180	4,305	4,430	4,555	4,680	4,805
GS- 3	4,005	4,140	4,275	4,410	4,545	4,680	4,815	4,950	5,085	5,220
GS- 4	4,480	4,630	4,780	4,930	5,080	5,230	5,380	5,530	5,680	5,830
GS- 5	5,000	5,165	5,330	5,495	5,660	5,825	5,990	6,155	6,320	6,485
GS- 6	5,505	5,690	5,875	6,060	6,245	6,430	6,615	6,800	6,985	7,170
GS- 7	6,050	6,250	6,450	6,650	6,850	7,050	7,250	7,450	7,650	7,850
GS- 8	6,630	6,850	7,070	7,290	7,510	7,730	7,950	8,170	8,390	8,610
GS- 9	7,220	7,465	7,710	7,955	8,200	8,445	8,690	8,935	9,180	9,425
GS-10	7,900	8,170	8,440	8,710	8,980	9,250	9,520	9,790	10,060	10,330
GS-11	8,650	8,945	9,240	9,535	9,830	10,125	10,420	10,715	11,010	11,305
GS-12	10,250	10,605	10,960	11,315	11,670	12,025	12,380	12,735	13,090	13,445
GS-13	12,075	12,495	12,915	13,335	13,755	14,175	14,595	15,015	15,435	15,855
GS-14	14,170	14,660	15,150	15,640	16,130	16,620	17,110	17,600	18,090	18,580
GS-15	16,460	17,030	17,600	18,170	18,740	19,310	19,880	20,450	21,020	21,590
GS-16	18,935	19,590	20,245	20,900	21,555	22,210	22,865	23,520	24,175	.....
GS-17	21,445	22,195	22,945	23,695	24,445	.....	.....	.....	.....	.....
GS-18	24,500	.....	.....	.....	.....	.....	.....	.....	.....	.....

14-00000

Old Salary Rate				New Salary Rate				Type Action		
Grade	Step	Salary	Last EP Date	Grade	Step	Salary	Effective Date	PI	19.	ADJ
GS 14	2	$13,270	12/09/62	GS 14	3	$13,695	12/08/63			

8 Remarks and Authentication

/ / NO EXCESS LWOP
/ / IN PAY STATUS AT END OF WAITING PERIOD
/ / LWOP STATUS AT END OF WAITING PERIOD
CLERKS INITIALS AUDITED BY

I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.

SIGNATURE: DATE 29 October 63

PAY CHANGE NOTIFICATION

SECRET
(When Filled In)

ABM: 30 APR 63

ODF

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER	2. NAME (Last-First-Middle)
055495	SHAW ROBERT T

3. NATURE OF PERSONNEL ACTION	4. EFFECTIVE DATE	5. CATEGORY OF EMPLOYMENT
REASSIGNMENT	04 30 63	REGULAR

6. FUNDS	V to V / CF to CF	7. COST CENTER NO. CHARGEABLE	8. CSC OR OTHER LEGAL AUTHORITY
	X	3135 5700 1000	50 USC 403 J

9. ORGANIZATIONAL DESIGNATIONS	10. LOCATION OF OFFICIAL STATION
DDP WH BRANCH 3 MEXICO CITY, MEXICO STATION	MEXICO CITY, MEXICO

11. POSITION TITLE	12. POSITION NUMBER	13. SERVICE DESIGNATION
CONSULAR OF CONSUL WC OPS OFFICER	0340	D

14. CLASSIFICATION SCHEDULE (GS, LB, etc.)	15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE
FSR GS	0136.01	04 0 14 2	11880 13270

18. REMARKS
MEXICO CITY, MEXICO

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. Employ Code	21. OFFICE CODING	22. STATION CODE	23. INTEGREE CODE	24. Major Code	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI
37	10	64700 WH	45075	1	3	06 18 25		

28. DIE EXPIRES | 29. SPECIAL REFERENCE | 30. RETIREMENT DATA | 31. SEPARATION DATA CODE | 32. CORRECTION/CANCELLATION DATA | EOD DATA | 33. SECURITY REQ NO | 34. SEX

35. VET PREFERENCE | 36. SERV COMP DATE | 37. LONG COMP DATE | 38. CAREER CATEGORY | 39. FEGLI / HEALTH INSURANCE | 40. SOCIAL SECURITY NO

41. PREVIOUS GOVERNMENT SERVICE DATA | 42. LEAVE CAT CODE | 43. FEDERAL TAX DATA | 44. STATE TAX DATA

SIGNATURE OR OTHER AUTHENTICATION

POSTED
5/1/63

Use Previous Edition

SECRET

(When Filled In)

RZR: 29 MAR 63

SECRET
(When Filled In)

OOF

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER	2. NAME (LAST-FIRST-MIDDLE)
055495	SHAW ROBERT T

3. NATURE OF PERSONNEL ACTION	4. EFFECTIVE DATE	5. CATEGORY OF EMPLOYMENT
INTEGRATION--DEPT OF STATE	03 27 63	REGULAR

6. FUNDS	V TO V / CF TO V	V TO CF / CF TO CF	7. COST CENTER NO. CHARGEABLE	8. CSC OR OTHER LEGAL AUTHORITY
		X	3135 5700 1000	50 USC 403 J

9. ORGANIZATIONAL DESIGNATIONS	10. LOCATION OF OFFICIAL STATION
DDP/WH BRANCH 3 MEXICO CITY, MEXICO STATION	MEXICO CITY, MEXICO

11. POSITION TITLE	12. POSITION NUMBER	13. SERVICE DESIGNATION
CONSULAR OF, CONSUL WC OPS OFFICER	0418	D

14. CLASSIFICATION SCHEDULE (GS, LB, etc.)	15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE
FSR		04 0	11880
GS	0136.01	14 2	13270

18. REMARKS

SUBJECT IS TO BE PAID THE DIFFERENCE BETWEEN CIA SALARY OF $13270 AND FSR SALARY OF $11880 TO BE PAID BY DEPT. OF STATE AND ALLOWANCES IN ACCORDANCE THEREWITH.

ALL SICK AND ALL HOURS ANNUAL LEAVE TO BE TRANSFERRED TO THE DEPT OF STATE.

MARITAL STATUS: MARRIED DAUGHTER - DOB: 7/27/52, SONS- DOB: 9/10/55 (TWINS)

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. Employ Code	21. OFFICE CODING NUMERIC	ALPHABETIC	22. STATION CODE	23. INTEGREE CODE	24. Hdqtrs. Code	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI
55	10	64700	WH	45075	1	3	06 18 25		

28. NTE EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ. NO.	34. SEX
		1 - CSC 2 - FICA 3 - NONE			EOD DATA		

35. VET PREFERENCE	36. SERV. COMP DATE	37. LONG COMP DATE	38. CAREER CATEGORY	39. FEGLI / HEALTH INSURANCE	40. SOCIAL SECURITY NO.

41. PREVIOUS GOVERNMENT SERVICE DATA	42. LEAVE CAT CODE	43. FEDERAL TAX DATA	44. STATE TAX DATA

SIGNATURE OR OTHER AUTHENTICATION

POSTED
4/1/63 JK

FORM 11-62 1150 Use Previous Edition

29 MAR 1963

SECRET

(When Filled In)

BAB: 15 FEB 63

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

OCF

1. SERIAL NUMBER	2. NAME (LAST-FIRST-MIDDLE)
055495	SHAW ROBERT T

3. NATURE OF PERSONNEL ACTION	4. EFFECTIVE DATE (MO. DA. YR.)	5. CATEGORY OF EMPLOYMENT
REASSIGNMENT AND TRANSFER TO CONFIDENTIAL FUNDS	02 17 63	REGULAR

6. FUNDS	V TO V	X V TO CF	CF TO V	CF TO CF	7. COST CENTER NO. CHARGEABLE	8. CSC OR OTHER LEGAL AUTHORITY
		X			3135 5700 1000	50 USC 403 J

9. ORGANIZATIONAL DESIGNATIONS	10. LOCATION OF OFFICIAL STATION
DDP WH BRANCH 3 MEXICO CITY, MEXICO STATION	MEXICO CITY, MEXICO

11. POSITION TITLE	12. POSITION NUMBER	13. CAREER SERVICE DESIGNATION
OPS OFFICER	0418	D

14. CLASSIFICATION SCHEDULE (GS, LB, etc.)	15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE
GS	0136.01	14 2	13270

18. REMARKS

SUBJECT TO APPROVED MEDICAL CLEARANCE PRIOR TO BEING SENT OVERSEAS.

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. Employ. Code	21. OFFICE CODING NUMERIC	ALPHABETIC	22. STATION CODE	23. INTEGREE CODE	24. Hdqtrs Code	25. DATE OF BIRTH (MO DA YR)	26. DATE OF GRADE	27. DATE OF LEI
20	10	64700	WH	45075		3	06 18 25		

28. NTE EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA (1 - CSC, 2 - FICA, 3 - NONE) CODE	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA (TYPE, MO. DA. YR.)	EOD DATA	33. SECURITY REQ NO.	34. SEX
	80						

35. VET. PREFERENCE (CODE; 0 - NONE, 1 - 5 PT, 2 - 10 PT)	36. SERV COMP. DATE	37. LONG COMP. DATE	38. CAREER CATEGORY (CAR, RESV, PROV, TEMP) CODE	39. FEGLI / HEALTH INSURANCE (CODE; 0 - WAIVED, 1 - YES; HEALTH INS CODE)	40. SOCIAL SECURITY NO.

41. PREVIOUS GOVERNMENT SERVICE DATA (CODE; 0 - NO PREVIOUS SERVICE, 1 - NO BREAK IN SERVICE, 2 - BREAK IN SERVICE (LESS THAN 3 YRS.), 3 - BREAK IN SERVICE (MORE THAN 3 YRS.))	42. LEAVE CAT CODE	43. FEDERAL TAX DATA (FORM EXECUTED 1 - YES 2 - NO; CODE; NO TAX EXEMPTIONS)	44. STATE TAX DATA (FORM EXECUTED 1 - YES 2 - NO; CODE; NO TAX EXEMP; STATE CODE)

SIGNATURE OR OTHER AUTHENTICATION

POSTED
02/26/63 WK

FORM 1150 4-62 Use Previous Edition

21 FEB 1963

SECRET (When Filled In)

14-00000

LLG: 4 JAN. 63

SECRET
(When Filled In)

OCF

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER	2. NAME (LAST-FIRST-MIDDLE)
055495	SHAW ROBERT T

3. NATURE OF PERSONNEL ACTION	4. EFFECTIVE DATE (MO. DA. YR.)	5. CATEGORY OF EMPLOYMENT
REASSIGNMENT	01 04 63	REGULAR

6. FUNDS	X	V TO V / CF TO V		V TO CF / CF TO CF	7. COST CENTER NO. CHARGEABLE	8. CSC OR OTHER LEGAL AUTHORITY
	X				3232 1000 1000	50 USC 403 J

9. ORGANIZATIONAL DESIGNATIONS	10. LOCATION OF OFFICIAL STATION
DDP TASK FORCE W FI/CI BRANCH	WASH., D.C.

11. POSITION TITLE	12. POSITION NUMBER	13. CAREER SERVICE DESIGNATION
OPS OFFICER	0678	D

14. CLASSIFICATION SCHEDULE (GS, LB, etc.)	15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE
GS	0136.01	14 2	13270

18. REMARKS

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. Employ Code	21. OFFICE CODING (NUMERIC)	(ALPHABETIC)	22. STATION CODE	23. INTEGREE CODE	24. Hdqtrs. Code	25. DATE OF BIRTH (MO. DA. YR.)	26. DATE OF GRADE (MO. DA. YR.)	27. DATE OF LEI (MO. DA. YR.)
37	10	61300	TFW	75013		1	06 18 25		

28. NTE EXPIRES (MO. DA. YR.)	29. SPECIAL REFERENCE	30. RETIREMENT DATA (1 - CSC, 2 - FICA, 3 - NONE) CODE	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA (TYPE, MO. DA. YR.)	EOD DATA	33. SECURITY REQ. NO.	34. SEX

35. VET. PREFERENCE (CODE: 0 - NONE, 1 - 5 PT., 2 - 10 PT.)	36. SERV. COMP. DATE (MO. DA. YR.)	37. LONG COMP. DATE (MO. DA. YR.)	38. CAREER CATEGORY (CAR., RESV., PROV., TEMP.) CODE	39. FEGLI / HEALTH INSURANCE (CODE: 0 - WAIVED, 1 - YES; HEALTH INS. CODE)	40. SOCIAL SECURITY NO.

41. PREVIOUS GOVERNMENT SERVICE DATA (CODE: 0 - NO PREVIOUS SERVICE, 1 - NO BREAK IN SERVICE, 2 - BREAK IN SERVICE LESS THAN 3 YRS., 3 - BREAK IN SERVICE MORE THAN 3 YRS.)	42. LEAVE CAT. CODE	43. FEDERAL TAX DATA (FORM EXECUTED 1 - YES, 2 - NO; CODE; NO. TAX EXEMPTIONS)	44. STATE TAX DATA (FORM EXECUTED 1 - YES, 2 - NO; CODE; NO. TAX EXEMP; STATE CODE)

SIGNATURE OR OTHER AUTHENTICATION

POSTED
1/15/63 WK

FORM 4-62 1150 Use Previous Edition

4 JAN 1963 [signature]

SECRET
(When Filled In)

14-00000

Pre 1963 Notification
of Personnel Action

14-00000

Post 1966
Fitness Rpts

14-00000

SECRET
(When Filled In)

FITNESS REPORT

EMPLOYEE SERIAL NUMBER: 055495

SECTION A — GENERAL

1. NAME (Last) (First) (Middle)	SHAW, Robert T.
2. DATE OF BIRTH	18 Jun 1925
3. SEX	M
4. GRADE	GS-14
5. SD	D
6. OFFICIAL POSITION TITLE	Ops Officer
7. OFF/DIV/BR OF ASSIGNMENT	DDP/WH/1
8. CURRENT STATION	Mexico City
9. CHECK (X) TYPE OF APPOINTMENT	X CAREER; RESERVE; TEMPORARY; CAREER-PROVISIONAL (See instructions - Section C); SPECIAL (Specify)
10. CHECK (X) TYPE OF REPORT	INITIAL; XX ANNUAL; SPECIAL (Specify); XX REASSIGNMENT SUPERVISOR; REASSIGNMENT EMPLOYEE
11. DATE REPORT DUE IN O.P.	31 May 1965
12. REPORTING PERIOD (From- to-)	1 June 64 - 31 March 1965

SECTION B — PERFORMANCE EVALUATION

W - Weak: Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.

A - Adequate: Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.

P - Proficient: Performance is more than satisfactory. Desired results are being produced in a proficient manner.

S - Strong: Performance is characterized by exceptional proficiency.

O - Outstanding: Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.

SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

Specific Duty	Rating Letter
SPECIFIC DUTY NO. 1: Agent handling and exploitation. The management, direction and training of existing agent assets. Attention to full operational exploitation of such assets. DF 6 2	O
SPECIFIC DUTY NO. 2: Development and handling of new operations: target studies, spotting, assessment and recruitment of new agent assets and potentials. DC 14 /15	S
SPECIFIC DUTY NO. 3: Operational management and administration. Maintenance of project records, preparation of contact reports, memoranda, dispatches and cables as required. DA 12	O
SPECIFIC DUTY NO. 4: General operational support. Liaison with PBSWING, servicing of third country requirements, management of safe houses, etc. D 912 DB 41 DE 60	P
SPECIFIC DUTY NO. 5: Intelligence reporting.	O
SPECIFIC DUTY NO. 6: Supervision of personnel. DC 51	P

OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.

RATING LETTER: O

16 JUN 1965

FORM 4-64 45 OBSOLETE PREVIOUS EDITIONS. SECRET

14-00000

SECRET
(When Filled In)

SECTION C — **NARRATIVE COMMENTS**

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide best basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

OFFICE OF PERSONNEL JUN 16 11 15 AM '65

During the past year, this officer has continued to demonstrate his dedication and highly developed professional skills.

Subject has been called upon to meet a variety of requirements. The spectrum of his activity has been so broad that it has run from the exploitation of his manual dexterity (in installing technical devices) to the most sophisticated and demanding agent handling. Throughout the year, Subject has demonstrated his awareness of the value of KUBARK funds, which he spends as needed but always conscientiously. His reporting on his activities has been especially commendable, and his mastery of tradecraft has been continually in evidence.

Subject has now become Chief of PBRUMEN operations for Station Mexico. This slot was formerly held by a GS-15 officer. It is requested that Subject be promoted to the grade of GS-15, not only because of his present assignment, but in recognition of his fine past performance.

SECTION D — **CERTIFICATION AND COMMENTS**

1. BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE	SIGNATURE OF EMPLOYEE
3 June 65	Robert T. Shaw /s/

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE	**OFFICIAL TITLE OF SUPERVISOR**	**TYPED OR PRINTED NAME AND SIGNATURE**
3 June 65	Operations Officer	David A. Phillips /s/

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

Para 2 of covering dispatch HMMT 5493 in its entirety:

"COS is in complete agreement with this excellent report on Shaw and recommends that Shaw be promoted to GS-15."

DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
3 June 65	COS	Winston M. Scott /s/

SECRET

14-00000

No Record

6 September 1966

SUBJECT: Memorandum in Lieu of Final Fitness Report on [redacted] Robert T. Shaw

1. [redacted] Robert T. Shaw is under (PCS) transfer to the position of COS, Managua, and is scheduled to depart Mexico City on or about 17 September 1966.

2. This memorandum is to report that [redacted] Shaw has continued to perform duties assigned to him at the Mexico City Station in the same exceptional manner reported in HMMT-6516 in which he was rated as outstanding for the year April 1965-April 1966. His duties have been the same as reported in HMMT-6516 and a detailed report on his performance would be a repetition of his previous report.

3. It is again recommended that [redacted] Shaw be promoted to GS-15 in view of his performance and qualifications.

RATING OFFICER: [redacted]eptember 1966)
Winston M. Scott/s/

EMPLOYEE: [redacted] (6 September 1966)
Robert T. Shaw /s/

Employee Number: 055495

SECRET
(When Filled In)

FITNESS REPORT

EMPLOYEE SERIAL NUMBER: 055495

SECTION A — GENERAL

1. NAME (Last)	(First)	(Middle)	2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD
SHAW	Robert	T.	18 Jun 1925	M	GS-14	D

6. OFFICIAL POSITION TITLE	7. OFF/DIV/BR OF ASSIGNMENT	8. CURRENT STATION
Ops Officer	DDP/WH/1	Mexico City

9. CHECK (X) TYPE OF APPOINTMENT
- CAREER
- RESERVE
- TEMPORARY
- CAREER-PROVISIONAL (See instructions - Section C)
- SPECIAL (Specify):

10. CHECK (X) TYPE OF REPORT
- INITIAL
- REASSIGNMENT SUPERVISOR
- XX ANNUAL
- REASSIGNMENT EMPLOYEE
- SPECIAL (Specify):

11. DATE REPORT DUE IN O.P.: 31 May 1966

12. REPORTING PERIOD (From- to-): 1 April 1965 - 30 April 1966

SECTION B — PERFORMANCE EVALUATION

W - Weak: Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.

A - Adequate: Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.

P - Proficient: Performance is more than satisfactory. Desired results are being produced in a proficient manner.

S - Strong: Performance is characterized by exceptional proficiency.

O - Outstanding: Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.

SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

Specific Duty	Rating Letter
SPECIFIC DUTY NO. 1: Manage Station PBRUMEN Operations Section. Supervise 3 other staff personnel (incl one GS-14) inside and one (GS-16) staff agent and contract personnel outside. Assign work responsibilities, provide operational guidances, review intelligence production and reporting, evaluate performances, etc.	S
SPECIFIC DUTY NO. 2: Agent handling and exploitation. Manage agents and other operational assets working against the PBRUMEN target with particular attention to full exploitation of such assets.	O
SPECIFIC DUTY NO. 3: Planning and implementation of new operations, including technical operations, against the PBRUMEN target. Spotting, assessment, development, recruiting, training, and handling new agent assets.	S
SPECIFIC DUTY NO. 4: Operational management and administration. Preparation of FIR's, dispatches (including operational progress reports), cables, memoranda, contact reports, file reviews, etc., as required.	O
SPECIFIC DUTY NO. 5:	
SPECIFIC DUTY NO. 6:	

DC 50

OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.

RATING LETTER: O

25 MAY 1966

FORM 45 USE PREVIOUS EDITIONS.

SECRET

14-00000

SECRET
(When Filled In)

SECTION C	NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide best basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

OFFICE OF PERSONNEL
MAY 24 3 27 PM '66
MAIL ROOM

This officer possesses highly developed professional skills. He is dedicated; his work is always well done and his reports are well written.

Subject has repeatedly demonstrated that he is aware of the value of government funds which he spends as necessary but always conscientiously.

This officer is articulate in speech and in his writing. He has excellent Spanish, an essential in the position he has occupied.

This officer is an asset to KUBARK and his family are excellent representatives abroad.

Subject could assume command of a station and he would make an excellent Chief of Station in the opinion of the rating officer.

It is again recommended that this officer be promoted to GS-15.

SECTION D	CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE	SIGNATURE OF EMPLOYEE
21 April 1966	/s/ Robert T. Shaw

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
21 April 1966	Chief of Station	/s/ Winston M. Scott

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

I concur generally with the assessment made of Mr. Shaw and agree that Shaw has turned in a highly commendable job and is an excellent operations officer. From here and not having the advantage of on-scene observation I would have rated Shaw with straight S' and overall rating of 'Strong' as compared to 'Outstanding.' Nevertheless, I strongly endorse the COS' recommendation for promotion for Shaw.

DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
10 MA[illegible]	C/WH/1	W.J. Kaufman [signature]

SECRET

Section C (Continued)

Overall, this officer is still turning in a perforaance of high quality under difficult conditions and is a distinct asset to the Station.

14-00000

SECRET (When Filled In)

EYES ONLY

FITNESS REPORT

EMPLOYEE SERIAL NUMBER: 055405

SECTION A — GENERAL

1. NAME (Last) (First) (Middle)	2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD
SHAW Robert T.	18 Jun 1925	M	GS-14	D

6. OFFICIAL POSITION TITLE	7. OFF/DIV/BR OF ASSIGNMENT	8. CURRENT STATION
Instructor Operations	OTR	ISOLATION

9. CHECK (X) TYPE OF APPOINTMENT: CAREER / RESERVE / TEMPORARY / CAREER-PROVISIONAL (See instructions - Section C) / SPECIAL (Specify)

10. CHECK (X) TYPE OF REPORT: INITIAL / REASSIGNMENT SUPERVISOR / ANNUAL / XX REASSIGNMENT EMPLOYEE / SPECIAL (Specify)

11. DATE REPORT DUE IN O.P.: [illegible]

12. REPORTING PERIOD (From- to-): 21 July 1962 - 25 January 1963

SECTION B — PERFORMANCE EVALUATION

W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.

A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.

P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.

S - Strong Performance is characterized by exceptional proficiency.

O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.

SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

Specific Duty	Rating Letter
SPECIFIC DUTY NO. 1: Supervises a group of instructors as departmental chairman in the Operations Branch	S
SPECIFIC DUTY NO. 2: Instructs clandestine operations by lecture, seminar and practical exercises.	P
SPECIFIC DUTY NO. 3: Instructs by role-playing as agent or operations officer opposite student case officers	S
SPECIFIC DUTY NO. 4: Counsels and guides students individually.	S
SPECIFIC DUTY NO. 5: Participates in course planning and contributes to course substance.	S
SPECIFIC DUTY NO. 6: Prepares instructional presentations and materials for use in clandestine operations courses.	P

OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance. — Rating Letter: S

FORM 45 OBSOLETE PREVIOUS EDITIONS

SECRET

14-00000

SECRET
(When Filled In)

SECTION C — **NARRATIVE COMMENTS**

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide best basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

Mr. Shaw did an excellent job of course planning and personal supervision as a supervisor of instruction in the field of operational tradecraft. He is a first-rate spark plug and idea man, with good talent as a speaker, teacher and student counselor. His field experience, enthusiasm and loyalty have made him a particularly valuable member of the Operations Branch Staff

In addition to his duties in the Operations Branch, Mr. Shaw also participated in the training of infiltration teams for Task Force W, using the Spanish language.

SECTION D — **CERTIFICATION AND COMMENTS**

1. BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE	SIGNATURE OF EMPLOYEE
30 January 1963	C. L. Shaw (signature)

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
6		
DATE	**OFFICIAL TITLE OF SUPERVISOR**	**TYPED OR PRINTED NAME AND SIGNATURE**
28 January 1963	Chief, Operations Branch	Harrington Littell (signature) HARRINGTON LITTELL

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

In general I agree with Mr. Littell's evaluation of Mr. Shaw's performance. I would have given him a higher rating, however, on Specific Duty No. 2, which covers his over-all performance as an instructor. I think that Mr. Shaw has been one of our best seminar leaders and lecturers. I would, therefore, rate him as "Strong."

DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
31 January 1963	Deputy for Training, ISOLATION	Kenneth P. Miller (signature) KENNETH P. MILLER

SECRET

14-00000

Pre 1963 Fitness Rpts

14-00000

Post 1966 Training
of insurance loss.

14-00000

DEPARTMENT OF STATE
FOREIGN SERVICE INSTITUTE
WASHINGTON

June 28, 1966

Dear Mr. Shaw:

Friday we received your grade from the United States Department of Agriculture Graduate School in Modern Supervisory Practice.

We wish to congratulate you on making an A+ in the course. To my knowledge, this is the first A+ received in any correspondence study course to be taken by Department personnel.

We trust that the course will be useful to you--and again congratulations.

Sincerely,

Evert T. Little

Evert T. Little
Chief
Extension Training Division

Mr. Robert T. Shaw
American Embassy
MEXICO

For inclusion in Robert T. Shaw's official folder.

[illegible]
10/16/66

14-00000

SECRET
(When Filled In)

VERIFIED RECORD OF OVERSEAS SERVICE

TO:
Office of Personnel, Statistical Reporting Branch, ROOM 5 E 2506 Headquarters

EMPLOYEE SERIAL NO.	NAME OF EMPLOYEE LAST (Print)	FIRST	MIDDLE	OFFICE/COMPONENT
1-6	7-24			25-26
055495	Shaw	Robert	T.	51

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION *(One only)*. REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.

PCS DATES OF SERVICE

TYPE OF DATA	CODE	ARRIVAL MONTH	ARRIVAL DAY	ARRIVAL YEAR	DEPARTURE MONTH	DEPARTURE DAY	DEPARTURE YEAR	COUNTRY	OMIT
1 - PCS *(Basic)* 3 - CORRECTION 5 - CANCELLATION	27	28-29	30-31	32-33	34-35	36-37	38-39		40-42
	1	09	20	66				Nicaragua	520

TDY DATES OF SERVICE

TYPE OF DATA	CODE	DEPARTURE MONTH	DEPARTURE DAY	DEPARTURE YEAR	RETURN MONTH	RETURN DAY	RETURN YEAR	AREA(S)	OMIT
2 - TDY *(Basic)* 4 - CORRECTION 6 - CANCELLATION	27	28-29	30-31	32-33	34-35	36-37	38-39		40-42

SOURCE OF RECORD DOCUMENT

	TRAVEL VOUCHER		DISPATCH
X	CABLE		DUTY STATUS OR TIME AND ATTENDANCE REPORT
	OTHER *(Specify)*		

DOCUMENT IDENTIFICATION NO.: IN 99956

DOCUMENT DATE/PERIOD: 9/20/66

REMARKS

PREPARED BY	X REPORT ANNOTATED ON SOURCE DOCUMENT	ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
C & L DIVISION	DATE	SIGNATURE
X C & T DIVISION	9/22/66	Jackie E. Pinninger

FORM 10-64 1451a USE PREVIOUS EDITION.

SECRET

Excluded from automatic downgrading and declassification

(4-10)

SECRET

1. NAME (Last, First, Middle)	2. DATE OF BIRTH	3. GRADE
SHAW, ROBERT T.	27 AUGUST 1925	GS-14 4
4. OFFICE, DIVISION, BRANCH (Or overseas station and existing cover if lateral assignment)	5. PRESENT POSITION	6. EMPLOYEE EXTENSION
DDP/WH/MEXICO CITY STATION (ODACID)	OPS OFFICER/340	FIELD
7. PROPOSED STATION	8. PROPOSED POSITION (title, number, grade)	
MANAGUA, NICARAGUA	COS, OPS OFFICER/0141/GS-00	
9. TYPE OF COVER AT NEW STATION	10. ESTIMATED DATE OF DEPARTURE	11. NO. OF DEPENDENTS TO ACCOMPANY
DEPARTMENT OF STATE	1 JULY 1966	4

12. NAME OF DEPENDENT TO ACCOMPANY	13. RELATIONSHIP	14. DATE OF BIRTH MONTH	YEAR	15. REPORT OF MED. HIST. (SF 89) ATT. YES	NO
JANET L.	WIFE	APR	27		XX
BARBARA L.	DAUG	JUL	52		XX
RICHARD W.	SON	AUG	55		XX
THOMAS R.	SON	AUG	55		XX

16. COMMENTS

SUBJECT AND DEPENDENTS WILL TAKE PHYSICALS IN THE FIELD IN ACCORDANCE WITH THE DEPARTMENT OF STATE REGULATIONS.

17. DATE OF REQUEST	18. SIGNATURE OF REQUESTING OFFICIAL	19. ROOM NUMBER AND BUILDING	20. EXTENSION
9 MAY 1966	Frank A. Lane WH/PERS	GH-56, Hqs.	6815

21. EVALUATION AND SIGNATURE OF APPROVING OFFICIAL

5 July 66

REQUEST FOR PCS OVERSEAS EVALUATION

FORM 259a SECRET

U. S. DEPARTMENT OF AGRICULTURE
GRADUATE SCHOOL
WASHINGTON, D. C. 20250

Information Record

To whom it may concern: Robert T. Shaw
c/o American Embassy
Mexico City, Mexico

has taken the following courses in the Graduate School and has received the grades shown.

This is an information record and not an official transcript. The student was admitted on the basis of his own statement of previous education and experience, subject to the approval of the instructor.

For certification of academic credit, an official transcript should be requested. Students desiring academic credit must meet qualifications for admission to any standard college on the level of the courses for which they are registering.

COURSE NO.	COURSE TITLE	SEMESTER	GRADE	NO. CREDITS
205 c	Modern Supervisory Practice	6/7/66	A+	2

Correspondence Program

A — 90-100 EXCELLENT
B — 80-89 GOOD
C — 70-79 FAIR
D — 60-69 PASSABLE
F — BELOW 60 FAILURE
Y — AUDITOR
I — INCOMPLETE
W — WITHDRAWN

Helen Kempfer, Head
Correspondence Program

14-00000

AMERICAN EMBASSY
MEXICO, D. F.

June 3, 1965

EMBASSY MEMORANDUM

TO : All FSOs, FSSs and FSRs in Mexico City

FROM : Ralph Scarritt, Administrative Officer

SUBJECT: FOREIGN SERVICE INSTITUTE: Correspondence Course in Modern Supervisory Practice, Number 205C

REF. : CA-12771 dated May 28, 1965

Following is the text of the referenced communication:

The Extension Training Division of the Foreign Service Institute is offering for the first time a correspondence course MODERN SUPERVISORY PRACTICE.

The course is recommended for supervisors at all levels. It has been developed by W. R. Van Dersal, N.A. Berg and J. B. Rogers of the United States Department of Agriculture Graduate School. Dr. Van Dersal is a regular lecturer and discussion leader for management classes at the Foreign Service Institute and is highly recommended by FSI as a valued contributor to their programs and [illegible] ld.

The authors have conducted supervisory training all over the United States for thousands of employees. They are experienced with the Correspondence method.

The average student will devote a total of 160 [illegible] to the course, which consists of 16 units and for which 2 credits are given. The course should be completed within twelve months of receipt of the first lesson.

The following is quoted from the course brochure, giving brief contents of each unit:

"1. WORKING WITH PEOPLE. Basic Principles.
2. ORGANIZATION. The organization chart. Supervisory ratios. Span of control. Line and staff. Handling rapid expansion. Basic principles. How to judge a good organization.
3. COMMUNICATIONS I. Conferences: [illegible] lanning and uses. Effective use of speak[illegible]s and discussion. Making one's own t[illegible] more persuasive. Problem solving. Efficient listening.

4. COMMUNICATIONS

4. COMMUNICATIONS 2. Formal and informal communication channels. The grapevine. How to read better and faster. How to write more effectively. Testing your own writing.

5. MOTIVATION. Basic principles. Drives, motives, and incentives. Selecting responses to reinforce. The pattern of successful motivation. Testing effectiveness of programs.

6. SUPERVISION--BASIC PRINCIPLES FOR LINE OPERATORS AND MANAGERS. Inducting new employees. Seven principles of supervision. The Scanlon Plan. Using authority constructively. Praise versus punishment.

7. GENERAL PRINCIPLES FOR STAFF OPERATORS. Staff functions. Line-staff relationships. Gaining acceptance. Getting the most value from staff officers. Effective consulting.

8. SUPERVISORY TECHNIQUES. Handling problem employees. What to do when personal problems affect work.

9. TRAINING. Training responsibilities of supervisors. How to plan training programs. Training new employees. The supervisor's own career development program. Handling training during rapid expansion. Justifying training time.

10. PARTICIPATION. When and how to use participation in planning and decision making. Setting guideposts and limits.

11. THE DECISION MAKING PROCESS. Eight steps to better decisions. Decisions making as a learned skill. How to train yourself to make better decisions.

12. WORKLOAD AND ITS RELATION TO STAFFING. Workload analyses. Work plans. Short and long term schedules. Work-improvement studies. Staffing patterns and workload.

13. PLANNING, SCHEDULING, ORGANIZING. Basic principles. Steps in planning. Making and using schedules. Evaluation for better time-use.

14. QUALITY AND QUANTITY CONTROL--INCLUDING INSPECTIONS. Purpose and importance. Theories. How standards control function. Constructive inspection.

15. BOOK REVIEW AND ANALYSIS. To help student integrate thinking and develop an independent approach.

16. SOLVING

16. SOLVING PROBLEM CASES. Student pulls together all he has learned in the course and uses it in solving a job problem.

The course will be offered on a first come, first served basis. It is hoped that a number of applications will be received in time for enrollment during June.

Students who fail, receive an incomplete, or withdraw from this course for other than officially approved reasons will be expected to reimburse FSI for the course cost of $58.00. If a student fails to complete the course for official reasons, no record is sent to his Personnel File. If he fails to complete the course for other than official and approved reasons and reimburses FSI for the costs of his course, no record is sent to his Personnel File. However a record of "incomplete" or "failure" is sent to his file if he drops or fails the course for reasons not approved and fails to reimburse FSI. This record is then taken into consideration if training is requested at a later date.

All interested officers are requested to submit their applications to the Department on form DS-1131 Field Training Application in accordance with the instructions set forth in 2 FAM 551, 552.

Further information on the course may be obtained by writing to the Extension Training Division, Foreign Service Institute, Department of State, Washington, D. C. 20520.

NOTE: Application forms may be obtained in the Personnel Office.

U. S. DEPARTMENT OF AGRICULTURE
GRADUATE SCHOOL
WASHINGTON, D. C. 20250

Information Record

To whom it may concern: Robert T. Shaw
c/o American Embassy
Mexico City, Mexico

has taken the following courses in the Graduate School and has received the grades shown.

This is an information record and not an official transcript. The student was admitted on the basis of his own statement of previous education and experience, subject to the approval of the instructor.

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COURSE NO.	COURSE TITLE	SEMESTER	GRADE	NO. CREDITS
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Correspondence Program

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7 — AUDITOR
8 — INCOMPLETE
9 — WITHDRAWN

Helen Kempfer
REGISTRAR
Helen Kempfer, Head
Correspondence Program

14-00000

AMERICAN EMBASSY
MEXICO, D. F.

June 3, 1965

EMBASSY MEMORANDUM

TO : All FSOs, FSSs and FSRs in Mexico City

FROM : Ralph Scarritt, Administrative Officer

SUBJECT: FOREIGN SERVICE INSTITUTE: Correspondence Course in Modern Supervisory Practice, Number 205C

REF. : CA-12771 dated May 28, 1965

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The authors have conducted supervisory training all over the United States for thousands of employees. They are experienced with the Correspondence method.

The average student will devote a total of 160 [illegible] to the course, which consists of 16 units and for which 2 credits are given. The course should be completed within twelve months of receipt of the first lesson.

The following is quoted from the course brochure, giving brief contents of each unit:

"1. WORKING WITH PEOPLE. Basic Principles.
2. ORGANIZATION. The organization chart. Supervisory ratios. Span of control. Line and staff. Handling rapid expansion. Basic principles. How to judge a good organization.
3. COMMUNICATIONS I. Conferences: Planning and uses. Effective use of speak[illegible]s and discussion. Making one's own te[illegible] more persuasive. Problem solving. Efficient listening.

4. COMMUNICATIONS

4. COMMUNICATIONS 2. Formal and informal communication channels. The grapevine. How to read better and faster. How to write more effectively. Testing your own writing.

5. MOTIVATION. Basic principles. Drives, motives, and incentives. Selecting responses to reinforce. The pattern of successful motivation. Testing effectiveness of programs.

6. SUPERVISION--BASIC PRINCIPLES FOR LINE OPERATORS AND MANAGERS. Inducting new employees. Seven principles of supervision. The Scanlon Plan. Using authority constructively. Praise versus punishment.

7. GENERAL PRINCIPLES FOR STAFF OPERATORS. Staff functions. Line-staff relationships. Gaining acceptance. Getting the most value from staff officers. Effective consulting.

8. SUPERVISORY TECHNIQUES. Handling problem employees. What to do when personal problems affect work.

9. TRAINING. Training responsibilities of supervisors. How to plan training programs. Training new employees. The supervisor's own career development program. Handling training during rapid expansion. Justifying training time.

10. PARTICIPATION. When and how to use participation in planning and decision making. Setting guideposts and limits.

11. THE DECISION MAKING PROCESS. Eight steps to better decisions. Decisions making as a learned skill. How to train yourself to make better decisions.

12. WORKLOAD AND ITS RELATION TO STAFFING. Workload analyses. Work plans. Short and long term schedules. Work-improvement studies. Staffing patterns and workload.

13. PLANNING, SCHEDULING, ORGANIZING. Basic principles. Steps in planning. Making and using schedules. Evaluation for better time-use.

14. QUALITY AND QUANTITY CONTROL--INCLUDING INSPECTIONS. Purpose and importance. Theories. How standards control function. Constructive inspection.

15. BOOK REVIEW AND ANALYSIS. To help student integrate thinking and develop an independent approach.

16. SOLVING

16. SOLVING PROBLEM CASES. Student pulls together all he has learned in the course and uses it in solving a job problem.

The course will be offered on a first come, first served basis. It is hoped that a number of applications will be received in time for enrollment during June.

Students who fail, receive an incomplete, or withdraw from this course for other than officially approved reasons will be expected to reimburse FSI for the course cost of $58.00. If a student fails to complete the course for official reasons, no record is sent to his Personnel File. If he fails to complete the course for other than official and approved reasons and reimburses FSI for the costs of his course, no record is sent to his Personnel File. However a record of "incomplete" or "failure" is sent to his file if he drops or fails the course for reasons not approved and fails to reimburse FSI. This record is then taken into consideration if training is requested at a later date.

All interested officers are requested to submit their applications to the Department on form DS-1131 Field Training Application in accordance with the instructions set forth in 2 FAM 551, 552.

Further information on the course may be obtained by writing to the Extension Training Division, Foreign Service Institute, Department of State, Washington, D. C. 20520.

NOTE: Application forms may be obtained in the Personnel Office.

SECRET

FIELD REASSIGNMENT QUESTIONNAIRE

DO NOT COMPLETE — FOR HEADQUARTERS USE ONLY

AUTHENTICATION OF SIGNATURES AND VERIFICATION OF ITEMS 1 THROUGH 7, BELOW:

NAME OF EMPLOYEE (true)	DATE (from item S.1)	NAME OF SUPERVISOR (true)	DATE (from item S.2)
Robert Shaw	14 Aug 1964	Winston M. Scott	14 Aug 1964

NAME AND SIGNATURE OF OFFICIAL AT HEADQUARTERS AUTHORIZED TO AUTHENTICATE SIGNATURES AND VERIFY DATA IN ITEMS NOS. 1 THROUGH 7, BELOW: Murray Benthall WH/PERS — DATE: 2 Sept 1964

TO BE COMPLETED BY EMPLOYEE

1. DATE OF BIRTH	2. GRADE	3. CURRENT POSITION TITLE AND GRADE	7A. DATE OF PCS ARRIVAL IN FIELD ON THIS TOUR
18 June 25	GS-14	Operations Officer GS-14	24 April 1963

4. SERVICE DESIGNATION (if known)	5. CURRENT STATION OR FIELD BASE	7B. EXPECTED DATE OF DEPARTURE FROM FIELD
D	Mexico City	On leave - Summer 65

6. OTHER DUTY STATIONS OR FIELD BASES DURING CURRENT TOUR: None

7C. EXPECTED DATE OF ARRIVAL AT HEADQUARTERS PCS:

8. WRITE A DESCRIPTION OF YOUR MAJOR DUTIES DURING THE CURRENT TOUR OF DUTY (see special note on Transmittal Form):

Conduct of operations aimed at the PBRUMEN target.
Acquisition and management of agents; operational and intelligence reporting.

9. PREFERENCE FOR NEXT ASSIGNMENT:

A. WRITE A BRIEF DESCRIPTION OF THE TYPE OF WORK YOU WOULD PREFER FOR YOUR NEXT ASSIGNMENT IF IT DIFFERS FROM THAT INDICATED IN ITEM NO. 8, ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICES.

If my request for reassignment to current Station (first preference) is approved, I would expect to continue to operate primarily against the PBRUMEN target in view of the priority assigned to that effort in the current RMD for Mexico. I would like to have an opportunity to do some work in other lines, however, especially in host government penetration and possibly in Soviet/Satellite penetration. If I am to be assigned elsewhere, I would prefer not to work on PBRUMEN operations to the exclusion of other operations. I would prefer to retain ODACID cover which I have been using since 1948.

If transferred elsewhere, would prefer assignment as Chief of a field installation — have twice been COB in WHD.

I do not wish a HQS assignment at this time. I have already had three HQS tours.

B. INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE IN ORDER TO INCREASE YOUR VALUE TO THE ORGANIZATION (refer to catalog of courses, if available).

In 1963 I completed a four-year stint as an instructor at ISOLATION — do not believe further training is in order at this time.

9. PREFERENCE FOR NEXT ASSIGNMENT (continued)

C. INDICATE YOUR PREFERENCE FOR NEXT ASSIGNMENT BY INSERTING NUMBERS 1, 2 AND 3 (for 1st, 2nd and 3rd choice) IN THE BOXES BELOW:

[1] RETURN TO MY CURRENT STATION THIS IS BY FAR FIRST CHOICE

[3] BE ASSIGNED TO HEADQUARTERS FOR A TOUR OF DUTY. WITH RESPECT TO POSSIBLE ASSIGNMENT IN HEADQUARTERS, INDICATE CHOICE OF COMPONENT:

1ST. CHOICE DOD/Field 2ND. CHOICE OTR/ISO 3RD. CHOICE DCI/Staff

[2] BE ASSIGNED TO ANOTHER FIELD STATION. WITH RESPECT TO POSSIBLE REASSIGNMENT TO ANOTHER FIELD STATION, INDICATE CHOICE OF GEOGRAPHIC AREA OR SPECIFIC STATION, BASED ON QUALIFICATIONS:

1ST. CHOICE Barcelona (COB) 2ND. CHOICE Madrid (DCOS) 3RD. CHOICE Sao Paulo (COB)

10. HOW MUCH LEAVE DO YOU DESIRE BETWEEN ASSIGNMENTS?

INDICATE NUMBER OF WORK DAYS 45

11. INDICATE THE NUMBER AND AGE OF DEPENDENTS WHO WILL BE TRAVELLING OR MOVING WITH YOU:

Wife 37
Daughter 12 Total dependents - 4
Twin sons 9

11A. INDICATE ANY CHANGE IN YOUR PERSONAL OR FAMILY SITUATION WHICH SHOULD BE CONSIDERED IN DETERMINING YOUR NEXT ASSIGNMENT

Children are all of school age. In case of transfer, would prefer assignment to Station having good schools.

12. SIGNATURE: COMPLETE ITEM NO. S-1, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF ABOVE PORTION OF THIS FORM.

TO BE COMPLETED BY SUPERVISOR AT FIELD STATION

13. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE STATION, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING:

It is urged that this officer be allowed to return to Mexico City Station for a second tour. He has excellent Spanish; he has many worthwhile contacts with Mexican governmental, political and business figures not known to other Station personnel. He has excellent contacts with ODURGE (border) officials.

His unique (for this Station) ODACID cover enables him to meet persons of interest.

He knows and likes Mexico; he is in the midst of a long-range program which can best be done by continuity.

14. SIGNATURE: COMPLETE ITEM NO. S-2, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF THIS PORTION OF THE FORM.

TO BE COMPLETED BY APPROPRIATE CAREER SERVICE OFFICER OR PERSONNEL OFFICER AT HEADQUARTERS

15. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE COMPONENT TO WHICH HE IS CURRENTLY ASSIGNED, INDICATE YOUR RECOMMENDATIONS FOR HIS NEXT ASSIGNMENT AND TRAINING:

WH Division recommends that Mr. Shaw return for a second tour of duty in Mexico City following home leave in the summer of 1965.

16. NAME OF CAREER SERVICE OFFICER OR PERSONNEL OFFICER	SIGNATURE
ROBERT D. CASHMAN C/WH/PERS DATE	[signature]

FOR USE OF CAREER SERVICE

17. EMPLOYEE [ ] HAS [ ] HAS NOT BEEN NOTIFIED OF PLANNED REASSIGNMENT	18. REFERENCE DISPATCH NO. HMMS 3759 CABLE NO.
19. TYPED OR PRINTED NAME Ronald D Gage	20. SIGNATURE Ronald Gage
21. TITLE Ops Al CSPD	22. DATE 11/16/64

23. COMMENTS

New tour after home leave in summer 65
RC 11/17

SECRET
(When Filled In)

VERIFIED RECORD OF OVERSEAS SERVICE

TO: Office of Personnel, Statistical Reporting Branch, ROOM 192 Curie Hall

EMPLOYEE SERIAL NO.	NAME OF EMPLOYEE LAST	FIRST	MIDDLE	OFFICE/COMPONENT
1-6	(Print)	7-24		25-26
55495	SHAW	ROBERT	T.	51

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.

PCS DATES OF SERVICE

TYPE OF DATA	CODE	ARRIVAL MONTH	ARRIVAL DAY	ARRIVAL YEAR	DEPARTURE MONTH	DEPARTURE DAY	DEPARTURE YEAR	COUNTRY	CMIT
1 - PCS (Basic) 3 - CORRECTION 5 - CANCELLATION	27	28-29	30-31	32-33	34-35	36-37	38-39		40-42
	1	04	23	63				MEXICO	450

TDY DATES OF SERVICE

TYPE OF DATA	CODE	DEPARTURE MONTH	DEPARTURE DAY	DEPARTURE YEAR	RETURN MONTH	RETURN DAY	RETURN YEAR	AREA(S)	CMIT
2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	27	28-29	30-31	32-33	34-35	36-37	38-39		40-42

SOURCE OF RECORD DOCUMENT

	TRAVEL VOUCHER	XX	DISPATCH
	CABLE		DUTY STATUS OR TIME AND ATTENDANCE REPORT
	OTHER (Specify)		

DOCUMENT IDENTIFICATION NO.	DOCUMENT DATE/PERIOD
HMMT - 3681	4/25/63

REMARKS

PREPARED BY	REPORT ANNOTATED ON SOURCE DOCUMENT	ABOVE DATA VERIFIED CORRECT BASED UPON SOURCE DOCUMENT CITED
FISCAL DIVISION	DATE	SIGNATURE
XX FINANCE DIVISION N.A.	5/8/63	[illegible signature]

FORM 1451a OBSOLETE PREVIOUS EDITIONS

SECRET

SECRET

VERIFIED RECORD OF OVERSEAS SERVICE

33-1533 JAN 25 63

TO:

Office of Personnel, Statistical Reporting Branch, ROOM 192 Curie Hall

EMPLOYEE SERIAL NO. 1-5	NAME OF EMPLOYEE (Print) 6-23 LAST	FIRST	MIDDLE	OFFICE/COMPONENT 24-25
55495	Shaw	Robert	T	51

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.

PCS DATES OF SERVICE

TYPE OF DATA	CODE 26	ARRIVAL MONTH 27-28	ARRIVAL DAY 29-30	ARRIVAL YEAR 31-32	DEPARTURE MONTH 33-34	DEPARTURE DAY 35-36	DEPARTURE YEAR 37-38	COUNTRY	OMIT 39-41
1 - PCS (Basic) 3 - CORRECTION 5 - CANCELLATION									

TDY DATES OF SERVICE

TYPE OF DATA	CODE 26	DEPARTURE MONTH 27-28	DEPARTURE DAY 29-30	DEPARTURE YEAR 31-32	RETURN MONTH 33-34	RETURN DAY 35-36	RETURN YEAR 37-38	AREA(S)	OMIT 39-41
2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	2	11	09	62	12	19	62	10 #	811

SOURCE OF RECORD DOCUMENT

X	TRAVEL VOUCHER		DISPATCH
	CABLE		DUTY STATUS OR TIME AND ATTENDANCE REPORT
	OTHER (Specify)		

DOCUMENT IDENTIFICATION NO.	DOCUMENT DATE/PERIOD

REMARKS

PREPARED BY	X REPORT ANNOTATED ON SOURCE DOCUMENT	ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
FISCAL DIVISION	DATE	SIGNATURE
FINANCE DIVISION		

FORM 1451a

SECRET

CONFIDENTIAL
(when filled in)

IMPORTANT

Central Processing Branch has been charged with responsibility (OPM 20-6-1 dated 12 October 1961) for ensuring that all employees processing PCS to the field have reviewed the field version of the Employee Conduct Handbook. You will not be checked out for your proposed travel until you sign the following statement and return it to CPB. Your Personnel Officer can provide you with a copy of the Handbook.

MEMORANDUM OF UNDERSTANDING

I hereby acknowledge that I have read and understand the contents of Field Handbook 20-4, Employee Conduct, dated 30 July 1962.

R. Shaw
Signature

14 February 1963
Date

ROBERT SHAW

14-00000

12

CONFIDENTIAL

Complete in duplicate. The data recorded on this form is essential in determining travel expenses allowable in connection with leave at government expense, overseas duty, return to residence upon separation, and for providing current residence and dependency information required in the event of an employee emergency. The original of this form will be filed in the employee's official personnel folder.

NAME OF EMPLOYEE (Last)	(First)	(Middle)	SOCIAL SECURITY NUMBER
SHAW	ROBERT	TYLER	

1. RESIDENCE DATA

PLACE OF RESIDENCE WHEN INITIALLY APPOINTED: FT. THOMAS, KENTUCKY	LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad)
PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE: ~~FALLS CHURCH, VA~~ TUCSON, ARIZONA	HOME LEAVE RESIDENCE: FALLS CHURCH, VIRGINIA

2. MARITAL STATUS (Check one)

SINGLE	MARRIED	SEPARATED	DIVORCED	WIDOWED	ANNULLED
	✓				

IF MARRIED, PLACE OF MARRIAGE: TUCSON, ARIZONA	DATE OF MARRIAGE: 2 SEP 1946
IF DIVORCED, PLACE OF DIVORCE DECREE	DATE OF DECREE
IF WIDOWED, PLACE SPOUSE DIED	DATE SPOUSE DIED

IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S)

3. MEMBERS OF FAMILY

NAME OF SPOUSE	ADDRESS (No., Street, City, Zone, State)	TELEPHONE NO.	
JANET LEE SHAW	415 LINDEN LANE, FALLS CHURCH	JE 2-0199	
NAMES OF CHILDREN	**ADDRESS**	**SEX**	**DATE OF BIRTH**
BARBARA	SAME	F	27 JUL 1952
RICHARD		M	10 SEP 1955
THOMAS		M	10 SEP 1955
NAME OF FATHER (Or male guardian)	**ADDRESS**	**TELEPHONE NO.**	
GEN. F. P. SHAW	415 LINDEN LANE, FALLS CHURCH	JE 2-0199	
NAME OF MOTHER (Or female guardian)	**ADDRESS**	**TELEPHONE NO.**	
INEZ S. SHAW	SAME		

WHAT MEMBER(S) OF YOUR FAMILY IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY. FATHER

4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

NAME (Mr., Mrs., Miss) (Last-First-Middle): MAJ. GEN FRANKLIN P. SHAW	RELATIONSHIP: FATHER
HOME ADDRESS (No., Street, City, Zone, State): 415 LINDEN LANE, FALLS CHURCH, VA.	HOME TELEPHONE NUMBER: JE 2-0199
BUSINESS ADDRESS (No., Street, City, Zone, State) AND NAME OF EMPLOYER, IF APPLICABLE: RETIRED	BUSINESS TELEPHONE & EXTENSION

Question	YES	NO
IS THE INDIVIDUAL NAMED ABOVE WITTING OF YOUR AGENCY AFFILIATION? (If "No" give name and address of organization he believes you work for.)	✓	
IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF? (If "No" give name and address of person, if any, who can make such decisions in case of emergency.)	✓	
DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If answer is "No" explain why in item 6.)	✓	

The persons named in item 3 above may also be notified in case of emergency. If such notification is not desirable because of health or other reasons, please so state in item 6 on the reverse side of this form.

CONTINUED ON REVERSE SIDE

CURRENT RESIDENCE AND DEPENDENCY REPORT

FORM 61 USE PREVIOUS EDITIONS.

CONFIDENTIAL

(4)

14-00000

CONFIDENTIAL
(When Filled In)

5. VOLUNTARY ENTRIES

Experience in the handling of employee emergencies has shown that the absence of certain personal data often delays and complicates the settlement of estate and financial matters. The information requested in this section may prove very useful to your family or attorney in the event of your disability or death and will be disclosed only when circumstances warrant.

INDICATE NAME AND ADDRESS OF ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED.

AMERICAN SECURITY & TRUST CO., WASH 13, D.C. —
ROBERT T. & JANET LEE SHAW
ACCT. # 666-10-247

HAVE YOU COMPLETED A LAST WILL AND TESTAMENT? [x] YES [ ] NO. (If "Yes" where is document located?)

AMONG PERSONAL EFFECTS

HAVE YOU PREPLANNED AN ARRANGED GUARDIANSHIP OF YOUR CHILDREN IN CASE OF COMMON DISASTER TO BOTH PARENTS?
[ ] YES [x] NO. (If "Yes" give name(s) and address)

HAVE YOU EXECUTED A POWER OF ATTORNEY? [ ] YES [x] NO. (If "Yes", who possess the power of attorney?)

6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS

SIGNED AT	DATE	SIGNATURE
HQS.	14 Feb 1963	R T Shaw

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14-00000

SECRET

RSD

Supplement to Staff Employee Personnel

Action for Integration of Robert T. Shaw

Effective 27 March 1963

The purpose of this memorandum is to call your attention to existing policies which are particularly material to you while you are integrated and to set forth certain rights and obligations which are incident to your status as an appointed employee. It is hereby agreed and understood that:

1. As an employee of this organization, at the present grade and salary of GS-14 $13,270. per annum, you will accept cover employment with another instrumentality of the Government (hereinafter referred to as "your cover facility") effective as of 27 March 1963. You will, insofar as consistent with your basic responsibility to this organization, abide by all the rules, regulations, practices and policies of your cover facility, in order to appear as a conventional member of that establishment. Your appointment to your cover facility is being effected at FSR-4 and salary of $11,800. per annum. You are prohibited, except as specifically authorized herein, from retaining emoluments paid by your cover facility.

2. It is understood and agreed that the minimum period of your overseas tour of duty is governed by and coincident with the prescribed tour of duty of your cover organization. Currently, your prescribed tour consists of a period of Two Years from the date of your arrival at your overseas post of duty. Your assignment may be terminated earlier for the convenience of this organization and the length of your tour of duty, as currently specified, may be unilaterally changed by this organization in order to conform with subsequent changes in the prescribed tour of your cover facility. If you request termination of your overseas assignment solely for your own convenience, unless it is for circumstances that are considered by this organization to be beyond your control or if you are terminated for cause under the regulations of this organization before you have completed the minimum period of service prescribed above from the date of arrival at your overseas post of duty, you will not be entitled to return travel or transportation for yourself or your dependents to the United States at Government expense. If you request termination of your overseas assignment solely for your own convenience, unless it is for circumstances that are considered by this organization to be beyond your control or if you are terminated for cause under the regulations of this organization before you have completed one (1) year of service from the date of your arrival at your overseas post of duty, you will be required to reimburse the Government for all of its expenses for your travel and transportation, and that of your dependents, from the continental United States to such overseas post of duty.

SECRET

3. Travel to your post of duty overseas and your return travel to the United States, as well as travel performed overseas which is consistent with your cover designation, will normally be at the direction of your cover facility. Such travel will be accomplished in conformance with applicable regulations of your cover facility except when you are directed for operational reasons to perform travel in accordance with the regulations of this organization.

4. Salary and (except as provided in paragraph three (3) above) allowances paid by your cover facility shall be retained by you to the extent that they are less than or equal to the salary and allowance payments due on the basis of your grade level with this organization. If such cover payments are less than the amount due, the difference will be credited to your payroll account with this organization. If such cover payments exceed the amount due, the overage will be remitted to this organization at designated intervals, presently NA. Computations hereunder will be made on the basis of the aggregate gross due and received provided, however, that in computing remittances for overage Federal and, if applicable, District of Columbia income taxes withheld by your cover facility against the overage may be deducted. To assure timely accuracy in your payroll account with this organization you are expected to immediately report cover facility payroll changes.

5. Your status as an employee of this organization will continue in full force and effect during your period of duty with your cover facility and you will continue to be entitled to all rights, benefits and emoluments of such status. Certain variations in procedure will be required, however, to preserve the security of your cover position.

a. Upon integration into your cover facility, you will continue to be covered by the provisions of the Civil Service Retirement Act, as amended, and at your personal expense you will be subject to payroll deductions for retirement purposes (now six and one-half per cent) on the basis of your cover salary or your salary from this organization, whichever is the greater.

b. If you receive taxable income from both your cover facility and this organization, necessary adjustments for Federal, and if applicable, District of Columbia income tax purposes will be made in conformance with instructions received from this organization.

c. Consistent with your cover activity, you will continue to be responsible for compliance with the rules and regulations of this organization.

d. You are not assured upon the completion of your period of duty with your cover facility of any status with your cover based on your services performed with that organization at the request of this organization.

SECRET

14-00000

e. All annual and sick leave which is accrued to your credit at the time of integration will be transferred to your cover facility. While integrated you will be permitted annual leave, sick leave, home leave, and leave without pay in accordance with the regulations of your cover facility in lieu of the leave benefits of this organization. Upon completion of your integration your accrued annual and sick leave will be transferred to your credit with this organization. If security conditions require that your cover facility make a lump-sum payment for accrued annual leave, you will be required to pay the gross amount thereof to this organization including any income taxes withheld by your cover facility.

6. You will be required to keep forever secret this agreement and all other information which you may obtain by reason hereof, unless you are released in writing by this organization from this obligation. Violation of such secrecy may subject you to criminal prosecution under the Espionage Laws, dated 25 June 1948, as amended, and other applicable laws and regulations. The termination of your employment with this organization will not release you from the obligation of any security oath you may be required to take.

UNITED STATES GOVERNMENT

BY Rose Marie Cernuto
Personnel Office

ACCEPTED:

R. T. Shaw
Robert T. Shaw

14-00000

Pre 1963 Training +
related docs?

14-00000

Medical clearances

14-00000

Pre 1963 Documents
(application forms,
awards, PHS supplements)

TELEPHONE REQUEST FOR RECORDS OR INFORMATION
NATIONAL PERSONNEL RECORDS CENTER, (CPR)
111 Winnebago Street
St. Louis, MO 63118

CAUTION: Complete all items

CHF

___ *Former Federal Employee informed of Privacy Act compliance requirements per instructions in NPRC 1067.45.*

DATE OF REQUEST	CLERK'S INITIALS
6-9-78	

DATE OF BIRTH

MONTH	DAY	YEAR
6	18	25

CURRENT NAME (Last, first, middle): SHAW, ROBERT T.

SOCIAL SECURITY NUMBER: 2 6 8 2 8 0 1 9 9

NAME UNDER WHICH FORMERLY EMPLOYED FEDERALLY (If different than current name)

PREVIOUS FEDERAL EMPLOYMENT

AGENCY AND BUREAU	LOCATION	FROM	TO
WAR Dept	Patterson AFB	Summer	1941 8-6-42
STATE DEPT		1952	3-17-73

RECORDS OR INFORMATION REQUESTED

- [x] OFFICIAL PERSONNEL FOLDER
  - [x] Forward to requesting agency.
  - [ ] Deliver to information desk for review by Federal Agent.
  - [ ] Deliver to the appropriate Correspondence Unit Supervisor for review by employee.
- [ ] STATEMENT OF SERVICE
  - [ ] Mail to requester.
  - [ ] Deliver to information desk.
- [ ] FEDERAL EMPLOYEES GROUP LIFE INSURANCE
  - [ ] Prepare and furnish duplicate original SF-56.
  - [ ] Furnish SF-54.
- [ ] CALL BACK (*Specify information wanted below*).

RECORDS OR INFORMATION SENT

- [x] Folder enclosed. 6-13-78 R
- [ ] Folder was sent to your agency on ______
- [ ] Folder forwarded in place of information requested. Retain if person is rehired.
- [ ] Folder not received. Suggest you contact last employing office.
- [ ] Folder not located. Suggest further search in your agency. If still unlocated, verify correctness of name, and furnish date forwarded and several names of other folders in same shipment.
- [ ] Folder believed in custody of following agency. Original of your request sent to that agency for action.

TELEPHONE: [ ] FTS [X] COMMERCIAL/HOME [redacted]-351-6144
NAME OF CALLER: MR. HENDRICKS

REMARKS:

CIA
PERSONNEL OFFICE
WASHINGTON, D.C.
20505

Enter complete address to which folder or reply is to be mailed. Include ZIP Code.

GENERAL SERVICES ADMINISTRATION — GSA FORM 6895 (REV. 2-77)

PERSONNEL FILES SECTION, DEPARTMENT OF STATE.

SHAW, ROBERT T. 06-18-25
268-28-0199

14-00000

Date: 1/3/79

MEMORANDUM FOR: Chief, Ops, ROB

SUBJECT : Request for Estimate of Annuities

JB

1. Please provide estimate of annuities for:

Name: ROBERT T SHAW

Grade: GS-16

Component: IG

DOB: 06 18 25

SCD: 09 02 46

System: CIARDS

ETR: 11 Jan. 1958

2. Remarks: OP FILE ATTACHED ROB REVIEW

COULD NOT FIND CIARDS FILE

JOHN McBRIDE
Counselor, ROB/RAD

CONFIDENTIAL (when filled in)

14-00000

FORM DS 1032

NOTIFICATION OF PERSONNEL ACTION

SERVICE: FS

1. Name (Caps) Last, First, Middle	Mr. Miss Mrs.	2. Emp. Title No. & Sex	3. Birth Date	4. Social Security No.
SHAW ROBERT T	MR	539700 M	06-12-25	268-28-0199

5. Veterans Preference	6. Tenure / Code	7. Service Comp. Date	8. Physical Handicap Code
2	(3) 06	08-28-48	00

9. FEGLI	10. Retirement	10A. Mo. & Yr. of Grade	11.
1	1	05-65	

12. Nature of Action / Code		13. Effective Date	14. Civil Service or Other Legal Authority
317	RESIGNATION	03-17-73	

15. FROM Position Title and Number	16. Pay Plan and Occupation Code	17. Grade	18. Salary
S-00000-00 REASSIGNMENT DE -	FR-97072	03	PA$29,462.00

19. Name and Location of Employing Office — DEPARTMENT OF STATE, WASHINGTON, D. C. 20520

MISCELLANEOUS ASSIGNMENTS

20. TO Position Title and Number	21. Pay Plan and Occupation Code	22. Grade	23. Salary	Work Sched.

24. Name and Location of Employing Office — DEPARTMENT OF STATE, WASHINGTON, D. C. 20520

25. Duty Station		26. Location Code
WASHINGTON	DC	110010001

27. Appropriation	28. Position Occupied	29. Apportioned Position	State
0113.0-1097-298600-000	2		AZ

30. Remarks

REASON: PERSONAL - NO OTHER INFORMATION AVAILABLE
FINAL PAYMENT TO BE MADE BY THE DEPARTMENT
FEGLI COVERAGE-REGULAR ONLY

MR. ROBERT T. SHAW
3715 ACOSTA ROAD
FAIRFAX, VIRGINIA 22030

31. Date of Appointment Affidavit

32. Office Maintaining Personnel Folder

33. Code Employing Department or Agency: XXXX DEPARTMENT OF STATE

ST00

34. Signature and Title: DIRECTOR GENERAL
SUBMITTING OFFICE NO 2951

35. Date: 03-21-73

2 PERSONNEL FOLDER

14-00000

Form DS 1031

REQUEST FOR PERSONNEL ACTION

MAR 15 1 05

FM/FO

MGT/PS/TRANS

PART I. REQUESTING OFFICE

A. DATE OF REQUEST	B. PROPOSED EFFECTIVE DATE	C. REQUEST NUMBER	D. SERVICE	E. ROUTING
3/14/73			FS	MGT/CMG MGT/PS/RET

1. NAME (CAPS) Last-First-Middle	MR. MISS MRS.	2. EMPLOYEE NO.	3. BIRTH DATE	4. SOCIAL SECURITY NO.
SHAW, ROBERT T.	MR.	539700 M		268-28-0199

F. KIND OF ACTION REQUESTED (1) PERSONNEL

(2) POSITION

G. POSITION — RIF CODE — SKILL CODES

H. POSITION VACATED

12. NATURE OF ACTION	13. EFFECTIVE DATE	14. CIVIL SERVICE OR OTHER LEGAL AUTHORITY
317 RESIGNATION	03-17-73	

15. FROM POS NO. / POSITION TITLE	16. PAY PLAN AND OCCUPATION CODE	17. GRADE OR LEVEL	18. SALARY
S-00000-00 FOREIGN SERVICE RESERVE OFFICER	FR-7072	03	pa$

19. ORGANIZATION DESIGNATION

MISCELLANEOUS ASSIGNMENTS

20. TO POS NO. — POSITION TITLE — 21. PAY PLAN AND OCCUPATION CODE — 22. GRADE — STEP — 23. SALARY — WORK SCHED

24. ORGANIZATION DESIGNATION

25. DUTY STATION (City-State)	26. LOCATION CODE
WASHINGTON, D. C.	

27. APPROPRIATION	28. POSITION OCCUPIED	29. APPORTIONED POSITION
0113.0-1097-298600-000		

I. REMARKS

REASON: PERSONAL - No additional information available.

ADDRESS: 3715 Acosta Road
Fairfax, Virginia 22030.

MAR 1 5 1973

J. REQUESTED BY
SIGNATURE: Barbara B. Prather
TITLE: CA/FS/EUR - Barbara B. Prather

K. REQUEST APPROVED BY
SIGNATURE: Charles R. Stout
TITLE: CA/FS/EUR - Charles R. Stout, Chief

PART II. TO BE COMPLETED BY PERSONNEL OFFICE

L. CLEARANCES	INITIALS OR SIGNATURE	DATE
(1)		
(2) CEIL OR POS. CONTROL		MAR 1 5 1973
(3) CLASSIFICATION		
(4) EMPLOYMENT		
(5)		
(6) APPROVED BY		

ENTRANCE PERFORMANCE RATING SATISFACTORY — IA — NEW — VICE — REGRADED

SUBJECT TO COMPLETION OF 1 YEAR PROBATIONARY PERIOD COMMENCING

SERVICE COUNTING TOWARD CAREER TENURE FROM

SUCCESSOR POSITION: EMPLOYEE RETAINED IN THE COMPETITIVE SERVICE

14-00000

PART III. TO BE COMPLETED BY EMPLOYEE

RESIGNATION [illegible]

I RESIGN FOR THE FOLLOWING REASONS

[illegible]ECEIVED

[illegible] MAR [illegible] AM 8 49

DEPARTMENT OF STATE

THE EFFECTIVE DATE OF MY RESIGNATION WILL BE

(Signature)

PART IV. SEPARATION DATA

FORWARD COMMUNICATIONS INCLUDING SALARY CHECKS AND BONDS TO THE FOLLOWING ADDRESS

(Street) (City) (Zone) (State)

PART I. (Continued)

REMARKS BY REQUESTING OFFICE

3/19/73

xhxxxx

SHAW, ROBERT T

RESIGNATION COB . 3/17/73; FINAL SALARY PAYMENT BY THE DEPARTMENT.

NOT ENROLLED IN HEALTH BENEFITS PLAN

ADDRESS:

3715 ACOSTA ROAD
FAIRFAX, VIRGINIA 22030

E Kathryn Mallow

E. Kathryn Mallow
Chief, Retirement Branch
Personnel Services Division

[illegible]

DEPARTMENT OF STATE
Washington, D.C. 20520

March 9, 1973

The Honorable William P. Rogers
The Secretary of State
Department of State
Washington, D.C. 20520

Dear Mr. Secretary:

It is with regret that I find it necessary to submit my resignation from the Foreign Service effective March 17, 1973.

I have enjoyed my years with the Foreign Service and hope that it will be possible for me to serve again in the future should circumstances permit.

Sincerely,

Robert T. Shaw

Robert T. Shaw

14-00000

ELECTION, DECLINATION, OR WAIVER OF LIFE INSURANCE COVERAGE
FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM

IMPORTANT AGENCY INSTRUCTIONS ON BACK OF ORIGINAL

TO COMPLETE THIS FORM—

1 FOLLOW THESE GENERAL INSTRUCTIONS:
- Read the back of the "Duplicate" carefully before you fill in the form.
- Fill in BOTH COPIES of the form. Type or use ink.
- Do not detach any part.

2 FILL IN THE IDENTIFYING INFORMATION BELOW (please print or type):

NAME (last)	(first)	(middle)	DATE OF BIRTH (month, day, year)	SOCIAL SECURITY NUMBER
SHAW	ROBERT	TYLER	JUNE 18, 25	268 28 0199

EMPLOYING DEPARTMENT OR AGENCY	LOCATION (City, State, ZIP Code)
STATE - FOREIGN SERVICE	EMBASSY, MANAGUA

3 MARK AN "X" IN ONE OF THE BOXES BELOW (do NOT mark more than one):

Mark here if you WANT BOTH optional and regular insurance — [X] (A)

ELECTION OF OPTIONAL (IN ADDITION TO REGULAR) INSURANCE
I elect the $10,000 additional optional insurance and authorize the required deductions from my salary, compensation, or annuity to pay the full cost of the optional insurance. This optional insurance is in addition to my regular insurance.

Mark here if you DO NOT WANT OPTIONAL but do want regular insurance — [ ] (B)

DECLINATION OF OPTIONAL (BUT NOT REGULAR) INSURANCE
I decline the $10,000 additional optional insurance. I understand that I cannot elect optional insurance until at least 1 year after the effective date of this declination and unless at the time I apply for it I am under age 50 and present satisfactory medical evidence of insurability. I understand also that my regular insurance is not affected by this declination of additional optional insurance.

Mark here if you WANT NEITHER regular nor optional insurance — [ ] (C)

WAIVER OF LIFE INSURANCE COVERAGE
I desire not to be insured and I waive coverage under the Federal Employees Group Life Insurance Program. I understand that I cannot cancel this waiver and obtain regular insurance until at least 1 year after the effective date of this waiver and unless at the time I apply for insurance I am under age 50 and present satisfactory medical evidence of insurability. I understand also that I cannot now or later have the $10,000 additional optional insurance unless I have the regular insurance.

4 SIGN AND DATE. IF YOU MARKED BOX "A" OR "C", COMPLETE THE "STATISTICAL STUB," THEN RETURN THE ENTIRE FORM TO YOUR EMPLOYING OFFICE.

SIGNATURE (do not print)
Robert T. Shaw

DATE
February 9, 1968

FOR EMPLOYING OFFICE USE ONLY
(official receiving date stamp)
February 9, 1968
James J. Young, Actg Admin Officer
American Embassy
Managua, Nicaragua

See Table of Effective Dates on Back of Original

ORIGINAL COPY—Retain in Official Personnel Folder

STANDARD FORM No. 176-T
JANUARY 1968
(For use only until April 14, 1968)
176-101

14-00000

Standard Form No. [illegible]
CHAPTER [illegible] F P M
[illegible]

HEALTH BENEFITS REGISTRATION FORM

FEDERAL EMPLOYEES HEALTH BENEFITS ACT OF 1959

TO EMPLOYING OFFICE: SHOW OLD CARRIER'S CONTROL NO. ONLY IF [illegible] IS TO CANCEL ENROLLMENT OR TO CHANGE OPTIONS OR TYPE OF ENROLLMENT IN THE SAME PLAN

New Carrier's Control No. 6438716

Old Carrier's Control No.

PART A
ALL WHO REGISTER MUST FILL IN THIS PART.

1. NAME (LAST)	(FIRST)	(MIDDLE INITIAL)	2. DATE OF BIRTH (Use numbers) MONTH	DAY	YEAR	3. ARE YOU NOW MARRIED?
SHAW	ROBERT	T.	6	18	25	YES [✓] 1 / NO [ ] 2

4. YOUR MAILING ADDRESS (NUMBER AND STREET) (CITY AND ZONE NUMBER) (STATE)

5. SEX: MALE [ ] 1 FEMALE [ ] 2

IMPORTANT

IT IS ILLEGAL FOR AN EMPLOYEE OR A MEMBER OF HIS FAMILY TO BE COVERED UNDER MORE THAN ONE ENROLLMENT. IF YOU ARE ALREADY COVERED THROUGH THE ENROLLMENT OF ANOTHER FEDERAL OR DISTRICT OF COLUMBIA EMPLOYEE OR ANNUITANT YOU MUST REGISTER NOT TO ENROLL OR THE OTHER ENROLLMENT MUST BE CANCELED. SIMILARLY, IF A FAMILY MEMBER LISTED BY YOU IN PART B IS COVERED THROUGH HIS (OR HER) OWN ENROLLMENT YOU CANNOT ELECT A FAMILY ENROLLMENT UNLESS THE FAMILY MEMBER CANCELS HIS (OR HER) ENROLLMENT.

PART B
FILL IN THIS PART IF YOU WISH TO ENROLL OR CHANGE YOUR ENROLLMENT IN A HEALTH BENEFITS PLAN.

If enrollment is for self only, answer item 1. If enrollment is for self and family, also answer item 2 and item 3 if it applies.

IF YOU ARE CHANGING YOUR ENROLLMENT, ALSO FILL IN PART D.

1. I elect to enroll in a health benefits plan as shown below. I authorize deductions from my salary, compensation or annuity to cover my share of the cost of the enrollment. (Copy the information requested below from inside cover of brochure of the plan you select.)

NAME OF PLAN	OPTION (HIGH OR LOW)	ENROLLMENT CODE NUMBER

2. In space below list all eligible family members without exception. List your wife or husband first, then your unmarried children under age 19. Include [illegible] legally adopted children, and stepchildren and illegitimate children who live with you in a regular parent-child relationship. Include also any unmarried child over 19 who became disabled before age 19 and who, because of the disability, is incapable of self support. (Attach a doctor's certificate for a disabled child age 19 or over, if one is not already on file.)

NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, Day, Year)		NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, Day, Year)	
Wife or Husband		1			6
		2			7
		3			8
		4			9
		5			10

3. If you are a female employee or annuitant, does the family listed above include a husband who is incapable of self-support because of mental or physical disability which can be expected to continue for more than one year? (If answer is "Yes," attach a doctor's certificate, if one is not already on file.) YES [ ] NO [ ]

PART C
FILL IN THIS PART IF YOU WISH NOT TO ENROLL OR IF YOU WISH TO CANCEL YOUR ENROLLMENT.

PLACE AN "X" IN ITEM 1 OR 2, WHICHEVER APPLIES

1. I ELECT NOT TO ENROLL IN A PLAN UNDER THE FEDERAL EMPLOYEES HEALTH BENEFITS ACT [X]

2. I ELECT TO CANCEL MY PRESENT ENROLLMENT UNDER THE CODE NUMBER SHOWN BELOW [ ]
Present Enrollment Code Number

PART D
FILL IN THIS PART, AS WELL AS PART B, TO CHANGE YOUR ENROLLMENT.

1. ENROLLMENT CODE NUMBER OF PRESENT PLAN
2. [illegible]
3. DATE OF EVENT WHICH PERMITS CHANGE: MONTH | DAY | YEAR

PART E
ALL WHO REGISTER MUST FILL IN THIS PART.

Robert T. Shaw — Mar 27, 1963

WARNING: Any intentionally false statement in this registration or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than $10,000 or imprisonment of not more than 5 years or both. (18 U.S.C. 1001)

PART F
TO BE COMPLETED BY AGENCY.

Department of State
Washington 25, D. C.
Personnel Operations Division
John Ortney

DATE RECEIVED IN EMPLOYING OFFICE: 3/28/63

EFFECTIVE DATE: 3/31/63 ✓

19-00-0001

REMARKS (FOR USE ONLY BY EMPLOYING AGENCY): [illegible handwriting] 27-63 [illegible handwriting]

14-00000

Standard Form No. 54
Revised April 1954
U. S. Civil Service Commission
F. P. M. Chapter 31
54-108

DESIGNATION OF BENEFICIARY
FEDERAL EMPLOYEES' GROUP LIFE INSURANCE ACT OF 1954

IMPORTANT
Read instructions on back of duplicate before filling in this form

INFORMATION CONCERNING THE INSURED:

NAME (Last)	(First)	(Middle)	DATE OF BIRTH (Month, day, year)
SHAW	ROBERT	TYLER	JUNE 18, 1925

PLACE AN "X" IN THE APPROPRIATE BOX BELOW TO SHOW WHETHER YOU ARE:

[X] AN EMPLOYEE [ ] RETIRED OR AN APPLICANT FOR RETIREMENT [ ] RECEIVING FEDERAL EMPLOYEES' COMPENSATION BENEFITS OR AN APPLICANT FOR SUCH BENEFITS

IF YOU ARE RETIRED OR RECEIVING FEDERAL EMPLOYEES' COMPENSATION GIVE YOUR "CSA," "CSI," or "X" NUMBER

(CSA or CSI or X number)

DEPARTMENT OR AGENCY IN WHICH LAST EMPLOYED (If retired, former department or agency):

(Department or agency)	(Bureau)	(Division)	(Location—City and State)
DEPT OF STATE	ARA		WASH 25, D.C.

I, the individual identified above, canceling any and all previous Designations of Beneficiary under the Federal Employees' Group Life Insurance Act heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any amount of GROUP LIFE INSURANCE and GROUP ACCIDENTAL DEATH INSURANCE due and payable at my death. I understand that this Designation of Beneficiary will remain in full force and effect, with respect to any amount payable, unless or until canceled by me in writing, or until such time as it is automatically canceled (see regulation "f" on reverse side of duplicate copy).

INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES:

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
JANET LEE SHAW	909 N. CAMPBELL AVE. TUCSON, ARIZONA	WIFE	ALL

I hereby direct, unless otherwise indicated above, that, if more than one beneficiary is named, the share of any deceased beneficiary who may predecease me shall be distributed equally among the surviving beneficiaries, or entirely to the survivor. I understand that this Designation of Beneficiary shall be void if none of the designated beneficiaries is living at the time of my death.
I hereby specifically reserve the right to cancel or change any Designation of Beneficiary at any time without knowledge or consent of the beneficiary.

Mar 27, 1963 (Date of execution—month, day, year)
Robert T Shaw (Signature of insured)

WITNESSES TO SIGNATURE (*A witness is ineligible to receive payment as a beneficiary*):

(Signature of witness)	(Number and street)	(City, zone number, and State)
[illegible]	1114 Ellen Ave	[illegible]
[illegible]	[illegible]	[illegible]

PRINT OR TYPE NAME AND ADDRESS OF INSURED

Robert T Shaw
909 Cambell Ave.
Tucson, Ariz.

THIS SPACE RESERVED FOR RECEIVING AGENCY

PER/EMD
MAR 27 1963

(Indicate date and be above [illegible])

SEE REVERSE SIDE OF DUPLICATE COPY FOR INSTRUCTIONS ON WHERE TO FILE THESE FORMS.
DO NOT FILE WITH THE OFFICE OF FEDERAL EMPLOYEES' GROUP LIFE INSURANCE.

IMPORTANT.—The filing of this form will completely cancel any Designation of Beneficiary under the Federal Employees' Group Life Insurance Act you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of any group life and accidental death insurance payable under that act at your death.

EXAMPLES OF DESIGNATIONS

How To Designate One Beneficiary

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
Mary E. Brown*	214 Central Avenue, Muncie, Ind.	Niece	All

How To Designate More Than One Beneficiary

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary**
Alice M. Long	509 Canal Street, Red Bank, N. J.	Aunt	One-fourth
Joseph P. Brady	360 Williams Street, Red Bank, N. J.	Nephew	One-fourth
Catherine L. Rowe	792 Broadway, Whiting, Ind.	Mother	One-half

How To Designate a Contingent Beneficiary

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
John M. Parrish, if living	810 West 180th Street, New York, N. Y.	Father	All
Otherwise to: Susan A. Parrish	810 West 180th Street, New York, N. Y.	Sister	All

How To Cancel a Designation of Beneficiary so That Amount Due Will Be Payable as Provided in the Law

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
Cancel prior designations			

*[illegible] to M. E. Brown or as Mrs. John H. Brown.
**Be sure that the [illegible] to be paid to the several beneficiaries add up to 100 percent.

[illegible]

14-00000

Standard Form No. 1152

DESIGNATION OF BENEFICIARY

UNPAID COMPENSATION OF DECEASED CIVILIAN EMPLOYEE

IMPORTANT
Read instructions on back of duplicate before filing in this form

INFORMATION CONCERNING THE EMPLOYEE:

NAME— (Last)	(First)	(Middle)	DATE OF BIRTH (Month, day, year)
SHAW	Robert	Tyler	6-18-25

DEPARTMENT OR AGENCY IN WHICH EMPLOYED

(Department or agency)	(Bureau)	(Division)
Department of State	Foreign Service	Mexico City

I, the employee identified above, canceling any and all previous Designations of Beneficiary heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any UNPAID COMPENSATION due and payable under existing law after my death. I understand that this Designation of Beneficiary relates solely to Unpaid Compensation as defined in section 2 of the act of August 3, 1950, Public Law 636, and in nowise will affect the disposition of any benefit which may become payable under the Retirement Act applicable to my Government service. I further understand that this Designation of Beneficiary will remain in full force and effect, unless or until canceled by me in writing, so long as I am continuously employed in the above department or agency.

INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES:

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
JANET LEE SHAW	909 N. CAMPBELL AVE. TUCSON, ARIZONA	WIFE	ALL

I hereby direct, unless otherwise indicated above, that, if more than one beneficiary is named, the share of any deceased beneficiary who may predecease me shall be distributed equally among the surviving beneficiaries, or entirely to the survivor. I understand that this Designation of Beneficiary shall be void if none of the designated beneficiaries is living at the time of my death.

I hereby specifically reserve the right to cancel or change any designation of beneficiary at any time in the manner and form prescribed by the Comptroller General of the United States, and without knowledge or consent of the beneficiary.

3-27-63 (Date of execution—month, day, year)

Robert T Shaw (Signature of employee)

WITNESSES TO SIGNATURE:

(Signature of witness)	(Number and street)	(City, zone number, and State)
[illegible signature]	1114 Ellen Ave.	Falls Church, Va
[illegible signature]	2[illegible] E St NW	Wash DC

PRINT OR TYPE NAME AND ADDRESS OF EMPLOYEE

Robert T Shaw
909 Cambell Ave
Tucson, Arizona

THIS SPACE RESERVED FOR RECEIVING DATA OF EMPLOYING AGENCY

PER/EMO

MAR 27 1963

(Indicate date and by whom received)

DELIVER BOTH COPIES TO THE PROPER OFFICE OF YOUR AGENCY—DUPLICATE WILL BE NOTED AND RETURNED

IMPORTANT—*The filing of this form will completely cancel any designation you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of any unpaid compensation payable at your death.*

EXAMPLES OF DESIGNATIONS

How To Designate One Beneficiary

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
Catherine M. Jackson*	2808 Southern Avenue, Williams, Ind.	Sister	All

How To Designate More Than One Beneficiary

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
Susan L. Brown**	110 Prince Street, Anniston, N. Y.	Aunt	One-fourth
Mary Joe Carson	230 Duke Street, Anniston, N. Y.	Niece	One-fourth
Elizabeth H. Howard	2301 State Street, Weaver, Ohio	Mother	One-half

How To Designate a Contingent Beneficiary

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
William J. Johnson, if living	244 South Ann Street, Olney, Ga.	Father	All
Otherwise to: Sarah L. Johnson	244 South Ann Street, Olney, Ga.	Sister	All

How To Cancel a Designation of Beneficiary so That Amount Due Will Be Payable as Provided in the Law

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
Cancel prior designations			

*Do not write name as C. M. Jackson or as Mrs. John H. Jackson.

**Be sure that the shares to be paid to the several beneficiaries add up to 100 percent.

14-00000

Standard Form No. 2809
CHAPTER 1-5 FPM
5 GAO 300

HEALTH BENEFITS REGISTRATION FORM

FEDERAL EMPLOYEES HEALTH BENEFITS ACT OF 1959

CARRIER'S CONTROL NO. 153281

PART A ALL WHO REGISTER MUST FILL IN THIS PART.

1. NAME (LAST) (FIRST) (MIDDLE INITIAL): SHAW ROBERT T.

2. DATE OF BIRTH (Use numbers): MONTH 6 DAY 18 YEAR 25

3. Are you now married? YES [X] NO [ ]

4. YOUR MAILING ADDRESS (NUMBER AND STREET) (CITY AND ZONE NUMBER) (STATE): BOX 1447, WILLIAMSBURG, VA.

5. SEX: MALE [X] FEMALE [ ]

6. Are you covered by, or is any family member listed below covered by or enrolling in, a plan under the Federal Employees Health Benefits Act of 1959 through the enrollment of another United States or District of Columbia Government employee or annuitant? YES [ ] NO [X]

7. Place an "X" in proper box to show your annual basic salary range. UNDER $4,000 [ ] 1; $4,000 TO $5,999 [ ] 2; $6,000 TO $9,999 [X] 3; $10,000 OR OVER [ ] 4

PART B FILL IN THIS PART IF YOU WISH TO ENROLL IN A HEALTH BENEFITS PLAN.

1. I elect to enroll in a health benefits plan as shown below. I authorize deductions to be made from my salary, compensation, or annuity to cover my share of the cost of the enrollment. (Copy the information requested below from inside cover of brochure of the plan you select.)

NAME OF PLAN	OPTION (HIGH OR LOW)	ENROLLMENT CODE NUMBER

2. In space below list all eligible family members without exception. List your wife or husband first, then your unmarried children under age 19, including legally adopted children, and stepchildren and illegitimate children who live with you in a regular parent-child relationship. Include also any unmarried child over 19 who became disabled before age 19 and who, because of the disability, is incapable of self-support. (Attach a doctor's certificate for a disabled child age 19 or over.)

If enrollment is for self only, answer Item 1. If enrollment is for self and family, also answer Item 2 and Item 3 if it applies.

NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, Day, Year)		NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, Day, Year)	
Wife or Husband		1			6
		2			7
		3			8
		4			9
		5			10

THIS PART MUST ALSO BE FILLED IN IF YOU CHANGE YOUR ENROLLMENT.

3. If you are a female (employee or annuitant)—does the family listed above include a husband who is incapable of self-support by reason of mental or physical disability which can be expected to continue for more than one year? (If answer is "Yes," attach a doctor's certificate.) YES [ ] NO [ ]

PART C FILL IN THIS PART IF YOU WISH NOT TO ENROLL OR IF YOU WISH TO CANCEL YOUR ENROLLMENT.

PLACE AN "X" IN ITEM 1 OR ITEM 2, AND ANSWER ITEM 3

1. I elect not to enroll in any plan under the Health Benefits Act. [X]

2. I elect to cancel my present enrollment under the Health Benefits Act. [ ]

3. The reason for my election is (Place an "X" in proper box):
(a) I am covered by a plan under the Health Benefits Act through the enrollment of my husband, wife, or parent. [ ] 1
(b) I am covered by a health insurance plan which is not under the Health Benefits Act. [X] 2
(c) Any other reason [ ] 3

PART D FILL IN THIS PART IF YOU WISH TO CHANGE YOUR ENROLLMENT.

1. Enrollment code number of present plan
2. Code of event which permits change (See table on back of duplicate for proper number)
3. Date of event which permits change: MONTH DAY YEAR

PART E ALL WHO REGISTER MUST FILL IN THIS PART.

Robert T. Shaw June 20, 1960
(YOUR SIGNATURE—DO NOT PRINT) (DATE)

WARNING.—Any intentional false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than $10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001)

PART F TO BE COMPLETED BY AGENCY.

1. NAME AND ADDRESS OF EMPLOYING OFFICE
2. DATE RECEIVED IN EMPLOYING OFFICE
3. EFFECTIVE DATE OF ELECTION
4. PAYROLL OFFICE NO.
5. PAYROLL ACTION (INITIALS AND DATE)

REMARKS FOR USE ONLY BY ANNUITANTS AND AGENCY.

APRIL 1960

Triplicate—To Employing Office

Standard Form No. 2809
CHAPTER I-1 FPM
6 GAO 5-10

HEALTH BENEFITS REGISTRATION FORM

FEDERAL EMPLOYEES HEALTH BENEFITS ACT OF 1959

(Read instructions on back of last page. Use only typewriter or ... pen.)

CARRIER'S CONTROL NO. 153281

PART A — ALL WHO REGISTER MUST FILL IN THIS PART.

1. NAME (LAST) (FIRST) (MIDDLE INITIAL): SHAW ROBERT T.

2. DATE OF BIRTH (Use numbers): MONTH 6 DAY 18 YEAR 25

3. Are you now married? YES [X] 1 NO [ ] 2

4. YOUR MAILING ADDRESS (NUMBER AND STREET) (CITY AND ZONE NUMBER) (STATE): BOX 1147, WILLIAMSBURG, VA.

5. SEX: MALE [X] 1 FEMALE [ ] 2

6. Are you covered by, or is any family member listed below covered by or enrolling in, a plan under the Federal Employees Health Benefits Act of 1959 (through the enrollment of another United States or District of Columbia Government employee or annuitant)? YES [ ] NO [X]

7. Place an "X" in proper box to show your annual basic salary range.
UNDER $4,000 [ ] 1 — $4,000 TO $5,999 [ ] 2 — $6,000 TO $9,999 [X] 3 — $10,000 OR OVER [ ] 4

PART B — FILL IN THIS PART IF YOU WISH TO ENROLL IN A HEALTH BENEFITS PLAN.

If enrollment is for self only, answer item 1. If enrollment is for self and family, also answer item 2 and item 3 if it applies.

THIS PART MUST ALSO BE FILLED IN IF YOU CHANGE YOUR ENROLLMENT.

1. I elect to enroll in a health benefits plan as shown below. I authorize deductions to be made from my salary, compensation, or annuity to cover my share of the cost of the enrollment. (Copy the information requested below from inside cover of brochure of the plan you select.)

NAME OF PLAN	OPTION (HIGH OR LOW)	ENROLLMENT CODE NUMBER

2. In space below list all eligible family members without exception. List your wife or husband first, then your unmarried children under age 19, including legally adopted children, and stepchildren and ... who live with you in a regular parent-child relationship. Include also any unmarried child over 19 who became disabled before age 19 and who, because of the disability, is incapable of self-support. (Attach a doctor's certificate for a disabled child age 19 or over.)

NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, Day, Year)	NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, Day, Year)
Wife or Husband	1		6
	2		7
	3		8
	4		9
	5		10

3. If you are a female (employee or annuitant)—does the family listed above include a husband who is incapable of self-support by reason of mental or physical disability which can be expected to continue for more than one year? (If answer is "Yes," attach a doctor's certificate.) YES [ ] NO [ ]

PART C — FILL IN THIS PART IF YOU WISH NOT TO ENROLL OR IF YOU WISH TO CANCEL YOUR ENROLLMENT.

PLACE AN "X" IN ITEM 1 OR ITEM 2, WHICHEVER APPLIES AND ANSWER ITEM 3.

1. I elect not to enroll in any plan under the Health Benefits Act. [X]

2. I elect to cancel my present enrollment ... under the Health Benefits Act. [ ]

3. The reason for my action is (Place an "X" in proper box):
(a) I am covered by a plan under the Health Benefits Act through the enrollment of my husband, wife, or parent. [ ] 1
(b) I am covered by a health insurance plan which is not under the Health Benefits Act. [X] 2
(c) Any other reason. [ ] 3

PART D — FILL IN THIS PART IF YOU WISH TO CHANGE YOUR ENROLLMENT.

I elect to change my enrollment ... as shown in Part B.

1. Enrollment code number of present plan.
2. Number of event which permits change (See table on back of duplicate for proper number).
3. Date of event which permits change: MONTH DAY YEAR

PART E — ALL WHO REGISTER MUST FILL IN THIS PART.

Robert T. Shaw June 20, 1960
(YOUR SIGNATURE) (DATE)

WARNING.—Any intentional false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than $10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001.)

PART F — TO BE COMPLETED BY AGENCY.

1. NAME AND ADDRESS OF EMPLOYING OFFICE
[illegible]

(SIGNATURE OF AUTHORIZED AGENCY OFFICIAL)

2. DATE RECEIVED IN EMPLOYING OFFICE
3. EFFECTIVE DATE OF ELECTION
4. PAYROLL OFFICE NO.
5. PAYROLL ACTION (INITIALS AND DATE)

REMARKS — FOR USE ONLY BY ANNUITANTS AND AGENCY.

Triplicate—To Employing Office

14-00000

Standard Form No. 54
September 1954
U. S. Civil Service Commission
F. P. M. Chapter 21

DESIGNATION OF BENEFICIARY

FEDERAL EMPLOYEES' GROUP LIFE INSURANCE ACT OF 1954

IMPORTANT
Read instructions on back of duplicate before filling in this form

INFORMATION CONCERNING THE INSURED:

NAME (Last)	(First)	(Middle)	DATE OF BIRTH (Month, day, year)
SHAW	ROBERT	TYLER	JUNE 18, 1925

DEPARTMENT OR AGENCY IN WHICH EMPLOYED (If retired, so state and give "CSA" or "CSI" number):

(Department or agency)	(Bureau)	(Division)
Dept. of State	FS	PER/POD

I, the employee or annuitant identified above, canceling any and all previous Designations of Beneficiary under the Federal Employees' Group Life Insurance Act heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any amount of GROUP LIFE INSURANCE and GROUP ACCIDENTAL DEATH INSURANCE due and payable at my death. I understand that this Designation of Beneficiary will remain in full force and effect, with respect to any amount payable, unless or until canceled by me in writing, or until such time as I become insured in a department or agency other than the above, or until such time as I become insured as a retired employee, in which event this Designation of Beneficiary shall terminate.

INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES:

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
JANET LEE RUGGLES SHAW	3000 N. OAKLAND, ARLINGTON, VA.	WIFE	100%

I hereby direct, unless otherwise indicated above, that, if more than one beneficiary is named, the share of any deceased beneficiary who may predecease me shall be distributed equally among the surviving beneficiaries, or entirely to the survivor. I understand that this Designation of Beneficiary shall be void if none of the designated beneficiaries is living at the time of my death.

I hereby specifically reserve the right to cancel or change any Designation of Beneficiary at any time without knowledge or consent of the beneficiary.

MAY 17, 1956 (Date of execution—Month, day, year) R. T. Shaw (Signature of insured)

WITNESSES TO SIGNATURE (A witness is ineligible to receive payment as a beneficiary):

[signature] (Signature of witness) 823 - 22 St NW (Number and street) Wash. D.C. (City, zone number, and State)

[signature] (Signature of witness) 2150 Penna. Ave, N.W. (Number and street) D.C. 7 (City, zone number, and State)

PRINT OR TYPE NAME AND ADDRESS OF INSURED

ROBERT T. SHAW
3000 N. OAKLAND ST.
ARLINGTON 7, VA.

THIS SPACE RESERVED FOR RECEIVING AGENCY

5-17-56

PER/POD

(Indicate date and by whom received)

IF INSURED AS AN EMPLOYEE, DELIVER BOTH COPIES TO THE PROPER OFFICER OF YOUR AGENCY. DUPLICATE WILL BE NOTED AND RETURNED. 16—73013-1
IF INSURED AS AN ANNUITANT, SEND BOTH COPIES TO THE CIVIL SERVICE COMMISSION, WASHINGTON 25, D.C.—DUPLICATE WILL BE NOTED AND RETURNED.

14-00000

IMPORTANT.—The filing of this form will completely cancel any Designation of Beneficiary under the Federal Employees' Group Life Insurance Act you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of any group life and accidental death insurance payable under that act at your death.

EXAMPLES OF DESIGNATIONS

How To Designate One Beneficiary

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
Mary E. Brown*	214 Central Avenue, Muncie, Ind.	Niece	All

How To Designate More Than One Beneficiary

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
Alice M. Long	509 Canal Street, Red Bank, N. J.	Aunt	** One-fourth
Joseph P. Brady	360 Williams Street, Red Bank, N. J.	Nephew	One-fourth
Catherine L. Rowe	792 Broadway, Whiting, Ind.	Mother	One-half

How To Designate a Contingent Beneficiary

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
John M. Parrish, if living	810 West 180th Street, New York, N. Y.	Father	All
Otherwise to: Susan A. Parrish	810 West 180th Street, New York, N. Y.	Sister	All

How To Cancel a Designation of Beneficiary so That Amount Due Will Be Payable as Provided in the Law

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
Cancel prior designations			

*Do not write name as M. E. Brown or as Mrs. John H. Brown.
**Be sure that the shares to be paid to the several beneficiaries add up to 100 percent.

16—70010-1

PAGE 9616

FEDERAL PAY ADJ.EX.ORDER 11691 DEC.15,1972 EFF. JAN.7,1973

PREPARED ON 01/17/73
DATA AS OF 01/07/73

NEW NAME	SOC SEC NUMBER	NEW ORG-CD	N PP	N GR	PAY STEP	OLD SALARY	NEW SALARY
SHAW ROBERT T	268280199	298600	FR	03	07	2802200	2946200

14-00000

DEPARTMENT OF STATE
PERSONNEL ACTION AND AUTHORIZATION OF OFFICIAL TRAVEL
Applicable Regulations: 6 FAM 100 & FM-1 510.4

You are hereby authorized to perform official travel at Government expense as indicated herein. Unless otherwise noted, all expenses and the maximum per diem under the regulations are authorized. Unless otherwise noted, shipment of effects is authorized from station of origin to station of destination & allowances are shown in item 15.

1. NAME, ADDRESS AND DIPLOMATIC TITLE
SHAW, ROBERT T
AMERICAN EMBASSY
TEGUCIGALPA, HONDURAS

2. EMPLOYEE NUMBER: 539700
3. AUTHORIZATION NUMBER: 3-60799
4. SOCIAL SECURITY NUMBER: 268-28-0193
5. CLASS: R-03
6. AUTHORIZATION DATE: JULY 18, 1972
7. NEW POSITION TITLE, NUMBER AND OCCUPATION CODE: FOREIGN SERVICE RESERVE OFFICER — 7072 ( ) S-00000-00(P)
8. DO NOT START TRAVEL PRIOR TO:

9. ACCOUNTING CLASSIFICATION: The coding A through E must be shown on all documents issued under this authority and must appear on all vouchers, invoices, TRs, GBL's, etc.

A. FUND	B. ALLOTMENT	C. OBLIGATION NUMBER	D. ORGANIZATION CODE	E. FUNCTION
1930113	2025	360799	298600	52-23

10A. STATION OF ORIGIN: TEGUCIGALPA, HONDURAS 0113.0-2081
10B. LOCATION CODE: 312601
11. OBJECT: 2099
12. STATION OF DESTINATION: WASHINGTON, D.C. (CA)
13. AMOUNT:

14. QUARTERS AVAILABILITY (1 UNKNOWN, 2 UNFURNISHED, 3 FURNISHED): 2
15. ALLOWANCES FOR SHIPMENT AND/OR STORAGE OF HOUSEHOLD EFFECTS - NET WEIGHT: A. LIMITED SHIPMENT 00000; B. TOTAL ALLOWANCE 13000
16. FOREIGN MOTOR VEHICLE: A. SHIPMENT AUTHORIZED (1 YES, 2 NO): 2; B. MEETS CRITERIA OF 6 FAM 165.8, SUBSECTION:

17. NUMBER OF DEPENDENTS: A. ADULTS 4; CHILDREN B. 7 to 12: 0; C. Under 7: 0
18. EXCESS BAGGAGE (For air travel): 000
19. TOTAL NUMBER OF NON-TRAVEL DAYS AUTHORIZED BELOW INCLUDING THOSE WITHOUT PER DIEM UNDER THIS AUTHORIZATION AND AMENDMENTS: A. CONSULTATION (WORKDAYS) 00; B. TRAINING (CALENDAR DAYS) 000; C. TDY (CALENDAR DAYS) 000

THIS SECTION FOR PERSONNEL ACTION ONLY. When completed for permanent change of station, this document constitutes a valid personnel action for transfer between Posts. DO NOT USE FOR R. T. HOME LEAVE OR FIELD AMENDMENTS.

20. SALARY	21. SALARY APPROPRIATION AND ALLOTMENT	22. NATURE OF ACTION AND EFFECTIVE DATE	23. OPS CODE
RP $ 28,022	0113.21027	728 10-15-72	DE

24. ITINERARY, SPECIAL INSTRUCTIONS, SPECIAL AUTHORIZATIONS AND REMARKS
107CXXXX

LEAVE AT GOVERNMENT EXPENSE AT TUCSON, ARIZONA AND TRANSFER.
THE PERSONAL AND HOUSEHOLD EFFECTS OF THIS EMPLOYEE AND MEMBERS OF HIS FAMILY ARE ELIGIBLE FOR DUTY-FREE ENTRY UNDER ITEM 817.00 OF THE TARIFF SCHEDULE OF THE U S.
REMOVAL OF EFFECTS FROM STORAGE AT BALTIMORE, MARYLAND WHERE STORED UNDER T.A. 2-19303-3252 AND SHIPMENT TO WASHINGTON, D.C. AUTHORIZED.
REMOVAL OF EFFECTS FROM STORAGE AT MEXICO CITY, MEXICO WHERE STORED UNDER T.A. 2-95952-[illegible] AND SHIPMENT TO WASHINGTON, D.C. AUTHORIZED.
AUTHORITY FOR STORAGE OF EFFECTS AT GOVERNMENT EXPENSE ISSUED PRIOR TO THE DATE OF THIS AUTHORIZATION WILL TERMINATE THREE MONTHS AFTER YOUR ARRIVAL AT STATION OF DESTINATION.
TOUR OF DUTY OF FOUR YEARS (SUBJECT TO THE NEEDS OF SERVICE).
DEPENDENTS: W/JANET; D/BARBARA 7/27/52; S/RICHARD 9/10/55; S/THOMAS 9/10/55

25. ESTIMATED DEPARTURE: 08/72
26. ETA: 10/72
27. AUTHORIZING OFFICER:
28. AUTHORIZED ITINERARY: TEGUCIGALPA/TUCSON, ARIZONA/WASHINGTON, D.C.
29. PREPARED BY: A. OFFICE: CA/FS/EUR; B. CLEARED: CRSTCUT/RB BRATHER
07/17/72
GBS

PAGE 469

FED-PAY-ACT OF 1970,PL92-210,DEC.22,1971,EX.OR11637 EFF 1-9-72

PREPARED ON 01/10/72
DATA AS OF 01/09/72

NEW NAME	SOC SEC NUMBER	N PP	N GR	PSI	OLD SALARY	NEW SALARY
SHARPE THOMAS J	053376442	FS	07	162	1003300	1058300
SHAUGHNESSY THOMAS H	157032294	GS	11	124	1514100	1597300
SHAVER EILEEN G	437247849	GS	05	022	693930	731900
SHAW BASIL	087039063	GS	13	102	1835300	1936200
SHAW C GRANT	387746236	FR	C2	002	3257300	3438700
SHAW CHARLES W	543346550	FS	05	042	1247200	1315900
SHAW DAVID G	115246671	FO	04	002	1776130	1873700
SHAW ELLEN J	362093790	GS	09	154	1291300	1362200
SHAW JOHN H	267469829	FS	05	042	1140400	1203100
SHAW OLIVER C	487348679	FS	06	162	1086700	1146400
SHAW ROBERT T	269280199	FR	03	002	2656300	2802200
SHAW SUSAN BETH	476600437	GS	06	162	772700	815300
SHAY GERTRUDE E	313348828	FS	05	153	1282900	1353500
SHAY SHARON K	166365892	FS	08	262	874000	922100
SHEA DIANNE E	218505259	FS	08	702	822600	867900
SHEA JAMES F	045141085	FO	04	CCC	2131100	2248700
SHEA JAMES R	123267050	ST	00	CCC	2817900	2967800
SHEA JOHN J	126164630	FR	C3	002	2434900	2568800
SHEA LAUREL M	021366236	GG	C9	152	1081900	1141400
SHEA MARIE T	578762530	GS	03	132	552400	582800
SHEA TERENCE J	037180477	RU	03	002	2582500	2724400

FORM DS-1042
3-69

DEPARTMENT OF STATE
PAY ROLL CHANGE SLIP

5268280199

P.O.	ORG. CODE	POSITION NO.	ALLOT. & ACTIVITY & PURPOSE	EFFECTIVE DATE	DATE OF LAST EQUIV. INCREASE
TEGUCIGALPA	3126		01130 2201	07-01-71	

EMPLOYEE'S NAME	EMPLOYEE NO.	CATG. & CLASS SERV. & GRADE	NEW SALARY RATE	OLD SALARY RATE
SHAW ROBERT T	539700	FSR 03	$26,563	$25,825

[X] Periodic Step-Increase

LWOP DATA (Fill in appropriate spaces covering LWOP during following periods)
Periodish

☐ NO EXCESS LWOP. TOTAL EXCESS LWOP ______
(Check applicable box in case of excess LWOP)
☐ IN PAY STATUS AT END OF WAITING PERIOD.
☐ IN LWOP STATUS AT END OF WAITING PERIOD.

Initials of Clerk

☐ Other Step-Increase ______

☐ Pay Adjustment

REMARKS

Performance rating is satisfactory or better.

JOHN H BURNS

(Signature or other authentication)

PERSONNEL COPY

PAGE 8894
FEDERAL PAY COMPATABILITY ACT OF 1970, PL 91-656
PREPARED ON 02/05/71
DATA AS OF 01/31/71

NAME	EMPLOYEE NUMBER	SOC SEC NUMBER	PAY PLAN	GRADE	NEXT PSI	OLD SALARY	NEW SALARY
SHAW ROBERT T	539700	268280199	FR	03	001	24368	25825
						24368	25825

RECORD COUNT = 1

STANDARD FORM 61
REVISED DECEMBER 1964
U.S. CIVIL SERVICE COMMISSION
F.P.M. CHAPTER 295
61-105

APPOINTMENT AFFIDAVITS

IMPORTANT.—*Before swearing or affirming to these appointment affidavits, you should read and understand the attached information for appointee*

First Secretary and Consul (Position to which appointed) — November 20, 1970 (Date of appointment)

Department of State (Department or agency) — Foreign Service of the U. S. (Bureau or division) — Tegucigalpa, Honduras (Place of employment)

I, Robert T. Shaw, do solemnly swear (or affirm) that—

A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter. SO HELP ME GOD.

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

I am not a Communist or Fascist. I do not advocate nor am I knowingly a member of any organization that advocates the overthrow of the constitutional form of the Government of the United States, or which seeks by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) that I will not so advocate, nor will I knowingly become a member of such organization during the period that I am an employee of the Federal Government or any agency thereof.

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not participating in any strike against the Government of the United States or any agency thereof, and I will not so participate while an employee of the Government of the United States or any agency thereof. I do not and will not assert the right to strike against the Government of the United States or any agency thereof while an employee of the Government of the United States or any agency thereof. I do further swear (or affirm) that I am not knowingly a member of an organization of Government employees that asserts the right to strike against the Government of the United States or any agency thereof and I will not, while an employee of the Government of the United States or any agency thereof, knowingly become a member of such an organization.

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing this appointment.

Robert T. Shaw [signature]
(Signature of appointee)

Subscribed and sworn (or affirmed) before me this 12th day of May A.D. 19 71,

at Tegucigalpa (City) Honduras (State)

[SEAL]

[signature]
Allan F. McLean, Jr.
(Signature of officer)

Commission expires ....
(If by a Notary Public, the date of expiration of his Commission should be shown)

Consul of the United States of America
(Title)

NOTE.—*The oath of office must be administered by a person specified in 5 U.S.C. 2903. The words "SO HELP ME GOD" in the oath and the word "swear" wherever it appears above should be stricken out when the appointee elects to affirm rather than swear to the affidavits; only these words may be stricken and only when the appointee elects to affirm the affidavits.*

U.S. GOVERNMENT PRINTING OFFICE

14-00000

FORM DS 1032

NOTIFICATION OF PERSONNEL ACTION

SERVICE: FS

1. NAME	2. EMPLOYEE NO.	3. BIRTH DATE	4. SOCIAL SECURITY NO.
SHAW, ROBERT T. MR.	539700M	06-18-25	268-28-0199
2	(3) 06	08-28-48	0
9. LEGAL: A	1	05-65	

12. NATURE OF ACTION	13. EFFECTIVE DATE	14. CIVIL SERVICE OR OTHER LEGAL AUTHORITY
980B APPOINTMENT AS SECRETARY IN THE DIPLOMATIC SERVICE OF THE USA	11-20-70	SEC. 524 OF THE F.S. ACT

15. FROM: POSITION TITLE AND NUMBER	16. PAY PLAN AND OCCUPATION CODE	17. GRADE	18. SALARY
INTERNATIONAL RELATIONS OFFICER GENERAL - CONSUL			

19. NAME AND LOCATION OF EMPLOYING OFFICE: DEPARTMENT OF STATE, WASHINGTON, D. C. 20520

20. TO: POSITION TITLE AND NUMBER	21. PAY PLAN AND OCCUPATION CODE	22. GRADE	23. SALARY
00-068 INTERNATIONAL RELATIONS OFFICER GENERAL D2 1ST SECRETARY-CONSUL	(FR-5510) ( )	03 001	(pa$24,368) F

24. NAME AND LOCATION OF EMPLOYING OFFICE: DEPARTMENT OF STATE, WASHINGTON, D. C. 20520

25. DUTY STATION	26. LOCATION CODE
TEGUCIGALPA, HONDURAS	918000430

27. APPROPRIATION	28. POSITION OCCUPIED	29. APPORTIONED POSITION
0113.0-2081-312601-000 09720972	2	

30. REMARKS

NOMINATED: 09-28-70. CONFIRMED: 11-20-70. ATTESTED: 11-20-70.

APPOINTMENT BY THE PRESIDENT AS SECRETARY IN THE DIPLOMATIC SERVICE OF THE U.S.A., 11-20-70.

FEGLI COVERAGE REGULAR AND OPTIONAL.

EXECUTE SF 61.

31. DATE OF APPOINTMENT AFFIDAVIT

JOHN H. BURNS

ST 01 DEPARTMENT OF STATE

SUBMITTING OFFICE NO. 2951

2 PERSONNEL FOLDER

11 20 70

14-00000

22

(Exception to SF 52 approved by CSC and B of B July 1962)

REQUEST FOR PERSONNEL ACTION

PART I. REQUESTING OFFICE (Fill in items except those in heavy lines)

PAS/PC 11-24-70

A. DATE OF REQUEST	B. PROPOSED EFFECTIVE DATE	C. REQUEST NUMBER	D. SERVICE	E. ROUTING
6/22/70			FS	ARA TRANS; T & RL 6/23/70; WHC

1. NAME (CAPS) Last-First-Middle	MR. MISS MRS.	2. EMPLOYEE NO.	3. BIRTH DATE (Mo. Da. Yr.)	4. SOCIAL SECURITY NO.
SHAW, ROBERT T.	MR.	539700 M	06/18/25	

7. KIND OF ACTION REQUESTED (1) PERSONNEL (Specify appointment, reassignment, resignation etc.)

(2) POSITION (Specify establish, review, abolish etc.)

6. POSITION — PAY CODE — SKILL CODES

H. POSITION VACATED — 1 - Remain funded 2 - Unfund 3 - Abolish

5. VETERAN PREFERENCE 1-NO 2-5 PT 3-10 PT. DISAB. 4-10 PT. COMP. 5-10 PT. OTHER — 6. TENURE — CODE — 7. SERVICE COMP. DATE — 8. PHYSICAL HANDICAP CODE

9. FEGLI 1-COVERED 2-INELIGIBLE 3-WAIVED — 10. RETIREMENT 1-CS 2-FICA 3-FS 4-NONE 5-OTHER — 10A. MO & YR OF GRADE — 11. (For CSC use)

(4)

12. NATURE OF ACTION	13. EFFECTIVE DATE (M-D-Y)	14. CIVIL SERVICE OR OTHER LEGAL AUTHORITY
180B ~~REQUEST FOR~~ APPOINTMENT AS SECRETARY IN THE DIPLOMATIC SERVICE OF U.S.A.	11-20-70	Sec. 524 of the F.S. Act

15. FROM POS. NO.	POSITION TITLE	16. OCCUPATIONAL CODE	17. GRADE OR LEVEL	18. SALARY
~~1-025~~	International Relations Officer General ~~POLITICAL OFFICER~~ CONSUL	~~FR-5550~~	~~03~~	~~$22,332~~

19. ORGANIZATION DESIGNATION

~~V. CINI~~

20. TO POS. NO.	21. POSITION TITLE	OCCUPATIONAL CODE	22. GRADE	STEP	23. SALARY	WORK SCHED.
~~10-025~~ 00-068 D2	International Relations Officer General ~~POLITICAL OFFICER~~ 1ST SECRETARY — CONSUL	FR-~~5550~~ 5510	03	001	$24,368 ~~$22,332~~	F

24. ORGANIZATION DESIGNATION

~~TEGUCIGALPA~~

25. DUTY STATION (City State)	LOCATION CODE
TEGUCIGALPA, HONDURAS	918000430

27. APPROPRIATION CODE	28. POSITION OCCUPIED 1. COMPETITIVE SERVICE 2. EXCEPTED	29. APPORTIONED POSITION FROM / TO / STATE
0113.0 — 2081 →312601-660 04720972	2	

J. REMARKS (Show if applicable, any known additional modified reason for resignation)

EFFECTIVE DATE OF TRANSFER: 9/6/70

(4)

J. REQUESTED BY — SIGNATURE — TITLE: MEAshe, ARA:LA:POD

K. REQUEST APPROVED BY (The position is fully justifiable under Sec. 1007, P.L. 87-793) — SIGNATURE — TITLE: JCLARK

PART II. TO BE COMPLETED BY PERSONNEL OFFICE (Items inside heavy lines in PART I above also to be Completed)

L. CLEARANCES	INITIALS OR SIGNATURE	DATE
(1)		
(2) CEIL OR POS CONTROL		
(3) CLASSIFICATION		
(4) EMPLOYMENT		
(5)		

ENTRANCE PERFORMANCE RATING SATISFACTORY — NEW — VICE — REGRADED

SUBJECT TO COMPLETION OF 1 YEAR PROBATIONARY PERIOD COMMENCING

SERVICE COUNTING TOWARD CAREER TENURE FROM

SUCCESSOR POSITION - EMPLOYEE RETAINED IN THE CLASSIFIED SERVICE

(6) APPROVED BY

TITLE & RANK - BLGROVES 6/23/70

11/25

ARA:LA:POD:MEAshe 6/22/70

14-00000

PART III. TO BE COMPLETED BY EMPLOYEE

RESIGNATION (IMPORTANT—NOTE TO EMPLOYEE: Give specific reasons for your resignation. Avoid generalized reasons, such as "ill health," "personal reasons.")

I RESIGN FOR THE FOLLOWING REASONS

(Date resignation is written)

THE EFFECTIVE DATE OF MY RESIGNATION WILL BE

(Signature)

Recd FSC 6-23-70

PART IV. SEPARATION DATA

FORWARD COMMUNICATIONS, INCLUDING SALARY CHECKS AND BONDS, TO THE FOLLOWING ADDRESS:

(Street) (City) (Zone) (State)

PART I. (Continued)

I. REMARKS BY REQUESTING OFFICE

001

DJ

2210

[illegible]

10 00-008

14-00000

DEPARTMENT OF STATE
PERSONNEL ACTION
AND
AUTHORIZATION OF OFFICIAL TRAVEL
Applicable Regulations: 6 FAM 100 & FM-1 510.4

You are hereby authorized to perform official travel at Government expense as indicated herein. Unless otherwise noted all expenses and the maximum per diem under the regulations are authorized. Unless otherwise noted, shipment of effects is authorized from station of origin to station of destination if allowances are shown in item 15.

1. NAME, ADDRESS AND DIPLOMATIC TITLE SHAW, ROBERT T. AMERICAN EMBASSY MANAGUA, NICARAGUA CONSUL *1ST SECRETARY (WHEN CONFIRMED)	2. EMPLOYEE NUMBER 539700 4. SOCIAL SECURITY NUMBER 268-28-0199 5. CLASS R-03	3. AUTHORIZATION NUMBER 0-64968 6. AUTHORIZATION DATE JUN. 24, 1970
7. NEW POSITION TITLE NUMBER AND OCCUPATION CODE POLITICAL OFFICER	5550 ( ) 10-025 (P)	8. DO NOT START TRAVEL PRIOR TO: JUL. 9, 1970

9. ACCOUNTING CLASSIFICATION The coding (A through E) must be shown on all documents issued under this authority and must appear on all vouchers, invoices, TR's, GB/L's, etc.

A. FUND	B. ALLOTMENT	C. OBLIGATION NUMBER	D. ORGANIZATION CODE	E. FUNCTION
1900113	2025	064968	312601	51-24

10A STATION OF ORIGIN MANAGUA, NICARGUA	10B LOCATION CODE 313001	11. OBJECT 2099
12. STATION OF DESTINATION TEGUCIGALPA, HONDURAS		13. AMOUNT

14. QUARTERS AVAILABILITY		15. ALLOWANCES FOR SHIPMENT AND/OR STORAGE OF HOUSEHOLD EFFECTS - NET WEIGHT		16. FOREIGN MOTOR VEHICLE		
1	1. UNKNOWN 2. UNFURNISHED 3. FURNISHED	A. LIMITED SHIPMENT 04500	B. TOTAL ALLOWANCE 13000	A. SHIPMENT AUTHORIZED 2	1. YES 2. NO	B. MEETS CRITERIA OF 6 FAM 165.8 SUBSECTION

17. NUMBER OF DEPENDENTS			18. EXCESS BAGGAGE (For air travel)	19. TOTAL NUMBER OF NON TRAVEL DAYS AUTHORIZED BELOW, INCLUDING THOSE WITHOUT PER DIEM UNDER THIS AUTHORIZATION (AND AMENDMENTS)		
A. ADULTS	CHILDREN B. 2 to 12	C. Under 2		A. CONSULTATION (WORKDAYS)	B. TRAINING (CALENDAR DAYS)	C. TDY (CALENDAR DAYS)
4	0	0	000	05	000	000

THIS SECTION FOR PERSONNEL ACTION ONLY. When completed for permanent change of station, this document constitutes a valid personnel action for Transfer between Posts. **DO NOT USE FOR R. T. HOME LEAVE OR FIELD AMENDMENTS.**

20. SALARY	21. SALARY APPROPRIATION AND ALLOTMENT	22. NATURE OF ACTION AND EFFECTIVE DATE	23. OPL. CODE
pa $ 24,368	0113.0-2081	727 09/06/70 09720972	DA 06250

24. ITINERARY, SPECIAL INSTRUCTIONS, SPECIAL AUTHORIZATION AND REMARKS

Leave at Government expense at Tucson, Arizona and transfer.
Approximately five (05) workdays consultation authorized in the Department after home leave.
Tour of duty of two years followed by home leave and transfer (subject to needs of the service).
"*ONLY AFTER OFFICIAL NOTIFICATION FROM THE DEPARTMENT THAT OFFICER HAS BEEN COMMISSIONED AS A SECRETARY IN THE DIPLOMATIC SERVICE (3 FAM 015.3)".

DEPENDENTS: WIFE-JANET
DAU -BARBARA LEE 07/27/52
SON -RICHARD W. 09/10/55
SON -THOMAS R. 09/10/55

25. ETD (Old post)	26. ETA (New post) 09/70	27. AUTHORIZING OFFICER
28. AUTHORIZED ITINERARY FOR DEPENDENTS MANAGUA/TUCSON/TEGUCIGALPA		
29. TRAVEL REQUESTED BY A. OFFICE ARA/LA/PCD	B. OFFICER NEASHE CAV/32	

FORM DS-1458 4-66

14-00000

FORM DS-1042
3-3-69

DEPARTMENT OF STATE

PAY ROLL CHANGE SLIP

S66820O199

POST	ORG. CODE	POSITION NO.	ALLOT. & ACTIVITY & PURPOSE	EFFECTIVE DATE	DATE OF LAST EQUIV. INCREASE
MANAGUA	3330		01132 2.81	07-01-70	

EMPLOYEE'S NAME	EMPLOYEE NO.	CATG. & CLASS SERV. & GRADE	NEW SALARY RATE	OLD SALARY RATE	
SHAW ROBERT T	339700	FSR 03	$24,368	$23,672	[X] Periodic Step-Increase

LWOP DATA (Fill in appropriate spaces covering LWOP during following periods)
Period(s)

☐ NO EXCESS LWOP. TOTAL EXCESS LWOP ______
(Check applicable box in case of excess LWOP)
☐ IN PAY STATUS AT END OF WAITING PERIOD.
☐ IN LWOP STATUS AT END OF WAITING PERIOD.

______ Initials of Clerk

☐ Other Step-Increase ______

☐ Pay Adjustment

REMARKS

Performance rating is satisfactory or better.

JOHN M BURNS

(Signature or other authentication)

PERSONNEL COPY

PAGE [illegible]

FEDERAL SALARY ACT-1970, PL 90-[illegible], DEC [illegible]

PREPARED ON 05/01/70
DATA AS OF 04/2[illegible]/70

NAME	EMPLOYEE NUMBER	SOC SEC NUMBER	PAY PLAN	GRADE	NEXT PSI	OLD SALARY	NEW SALARY
SHARP MAY P	539037	227185192	GS	11	052	13103	13890
SHARP PAULA ANN	539043	479507701	FS	09	190	7094	7519
SHARPE RICHARD G	539125	185242276	FS	05	051	10785	11432
SHARPE THOMAS J	539132	053726442	FS	08	252	8239	8734
SHAUGHNESSY THOMAS H	539200	157032254	GS	11	131	13103	13890
SHAW CHARLES W	539300	543346550	FS	05	051	10785	11432
SHAW C GRANT	539319	387244074	FR	02	000	27354	28995
SHAW DAVID G	539325	115244671	FO	05	000	14132	14980
SHAW ELLEN J	539400	362093790	GS	09	161	11186	11855
SHAW JEAN ANN	539438	045406165	FS	09	120	6568	6961
SHAW JOHN P	539445	267467823	FS	06	170	9388	9951
SHAW JOHN E	539500	577165966	FO	02	CCC	29841	31632
SHAW JOHN P	539525	579207044	FC	01	001	31705	33609
SHAW LAURENA ANN	539535	577303659	GS	04	CCC	5522	5853
SHAW OLIVER E	539615	489349679	FS	06	170	9104	9649
SHAW ROBERT T	539700	268280193	FR	03	000	22332	23672
SHAY GERTRUDE E	539800	313349828	FS	05	163	11419	12104
SHAY SHARON K	539806	166365932	FS	09	029	6865	7276
SHEA DIANNE E	539848	218505259	FS	08	210	6865	7276
SHEA JAMES F	540000	054141085	FO	04	000	18447	19555
SHEA JOHN J	540100	126164639	FR	03	000	20361	21584
SHEA LAUREL M	540103	021366275	GS	07	160	7894	8368
SHEA TIMOTHY F	540106	022305496	FS	08	110	7552	8005
SHEA [illegible] J	540107	[illegible]	GS	14	071	20385	21608
SHEAFFER MELVIN H	540108	204305089	FS	05	041	10469	11096
SHEAGREN BARBARA JR	540109	358248173	FS	04	041	11316	11995

14-00000

PERSONNEL TRANSACTION REGISTER

EMPLOYEE

SHAW ROBERT T   S 268-28-0199   PREPARED ON 07/23/69
                                                  PERIOD ENDING 07/18/69

ACTION	DATA NAME	DATA ELEMENTS
	SECTION 01	
	EMPLOYEE NUMBER	535700
	SSN ID CODE	S
	SOC SEC NUMBER	268-28-0199
	NEW PAY PLAN	FR
	NEW GRADE	03
	NEW SALARY	22332
	PSI PAY PERIOD	000
* ERROR	FORM CTL CODE	
	NAT ACTION CODE	902
		PUBLIC LAW PAY INCREASE
	EFFECTIVE DATE	07/13/69

14-00000

FORM DS-1042
3-1-60

DEPARTMENT OF STATE

PAY ROLL CHANGE SLIP

526826H199

POST	ORG. CODE	POSITION NO.	ALLOT. & ACTIVITY & PURPOSE	EFFECTIVE DATE	DATE OF LAST EQUIV. INCREASE
MANAGUA	3130		01130 2081	67-01-09	

EMPLOYEE'S NAME	EMPLOYEE NO.	CATG. & CLASS SERV. & GRADE	NEW SALARY RATE	OLD SALARY RATE	
SPAN HUBERT T	939700	FSR 03	$20,335	$19,737	[X] Periodic Step Increase

LWOP DATA (Fill in appropriate spaces covering LWOP during following period)
Period(s)

☐ NO EXCESS LWOP. TOTAL EXCESS LWOP ______
(Check applicable box in case of excess LWOP)
☐ IN PAY STATUS AT END OF WAITING PERIOD.
☐ IN LWOP STATUS AT END OF WAITING PERIOD.

Initials of Clerk

☐ Other Step-Increase ______

☐ Pay Adjustment

REMARKS

Performance rating is satisfactory or better.

JOHN H STEEVES

(Signature or other authentication)

PERSONNEL COPY

FORM DS-1042
7-15-60

DEPARTMENT OF STATE

PAY ROLL CHANGE SLIP

POST	ORG. CODE	POSITION NO.	ALLOT. & ACTIVITY & PURPOSE	EFFECTIVE DATE	DATE OF LAST EQUIV. INCREASE
MANAGUA	3130		01130 2081	7-01-68	

EMPLOYEE'S NAME	EMPLOYEE NO.	CATG. & CLASS SERV. & GRADE	NEW SALARY RATE	OLD SALARY RATE	
SPAN HUBERT T	939700	FSR 03	$18,278	$17,724	[X] Periodic Step Increase

LWOP DATA (Fill in appropriate spaces covering LWOP during following period)
Period(s)

☐ NO EXCESS LWOP. TOTAL EXCESS LWOP ______
(Check applicable box in case of excess LWOP)
☐ IN PAY STATUS AT END OF WAITING PERIOD.
☐ IN LWOP STATUS AT END OF WAITING PERIOD.

Initials of Clerk

☐ Other Step Increase ______

☐ Pay Adjustment

REMARKS

Performance rating is satisfactory or better.

JOHN H. STEEVES

(Signature or other authentication)

PERSONNEL COPY

14-00000

FEDERAL EMPLOYEES SALARY ACT OF 1967

PUB. LAW 90-206

JULY 14 1968

5397C0 SHAW ROBERT T FR 03-04 $18,278 $19,737 313001

14-00000

FORM 1183 (FS 1932)

NOTIFICATION OF PERSONNEL ACTION

JOURNAL NUMBER

SERVICE: FS

1. NAME (CAPS) LAST FIRST MIDDLE	2. EMPLOYEE NO & SEX	3. BIRTH DATE	4. SOCIAL SECURITY NO.
SHAW, ROBERT T. MR.	539700M	06-18-25	268-28-0199
5. VETERAN PREFERENCE: 2	6. TENURE: (3) CODE: 06	7. SERVICE COMP. DATE: 08-28-48	8. PHYSICAL HANDICAP CODE: 0
9. FEGLI: 1	10. RETIREMENT: 1	10A. MO & YR OF GRADE: 05-65	11.
12. NATURE OF ACTION: 760 EXTENSION OF LIMITED APPOINTMENT	13. EFFECTIVE DATE: 03-27-68	14. CIVIL SERVICE OR OTHER LEGAL AUTHORITY: SEC. 522.3, P.L. 724 79TH CONGRESS AS AMENDED	

15. FROM: POSITION TITLE AND NUMBER	16. PAY PLAN AND OCCUPATION CODE	17. GRADE	18. SALARY

19. NAME AND LOCATION OF EMPLOYING OFFICE: DEPARTMENT OF STATE, WASHINGTON, D. C. 20520

20. TO: POSITION TITLE AND NUMBER	21. PAY PLAN AND OCCUPATION CODE	22. GRADE	23. SALARY	WORK SCHED.
1-067 POLITICAL OFFICER ATTACHE CONSUL; ORG. CODE: Q	(FR-5550) ( )	03 138	(pa$17,724)	1

24. NAME AND LOCATION OF EMPLOYING OFFICE: DEPARTMENT OF STATE, WASHINGTON, D. C. 20520

25. DUTY STATION		26. LOCATION CODE
MANAGUA, NICARAGUA		917000665
27. APPROPRIATION: 0113.0-2081-313001-000.10700768	28. POSITION OCCUPIED: 2	29. APPORTIONED POSITION

30. REMARKS: A. SUBJECT TO COMPLETION OF 1 YEAR PROBATIONARY (OR TRIAL) PERIOD COMMENCING
B. SERVICE COUNTING TOWARD CAREER (OR PERMANENT) TENURE FROM

SEPARATIONS: SHOW REASON BELOW, AS REQUIRED. CHECK IF APPLICABLE: C. DURING PROBATION D. FROM APPOINTMENT OF 6 MONTHS OR LESS

LIMITED APPOINTMENT EFFECTIVE 3-27-63 IS HEREBY EXTENDED FOR A PERIOD NOT TO EXCEED FIVE YEARS OR NEEDS OF EMPLOYER, SERVICE, WHICHEVER IS LESS. NTE 3-26-73.

31. DATE OF APPOINTMENT AFF. DAVIT

32. OFFICE MAINTAINING PERSONNEL FOLDER

33. CODE EMPLOYING DEPARTMENT OR AGENCY: 57 01 DEPARTMENT OF STATE

34. SIGNATURE AND TITLE

35. DATE

SUBMITTING OFFICE NO. 2051

MI 3-5
P

2 PERSONNEL FOLDER

14-00000

Form 1091

REQUEST FOR PERSONNEL ACTION

PART I. REQUESTING OFFICE

A. Date of Request: 2/23/68
D. Service: FS
E. ARA — TRANS
FM/FC 2/26
LEAVE & RET 2/27

APPROVED

1. Name (Caps): SHAW, ROBERT T. MR.
2. Employee No. & Sex: 539700 M
3. Birth Date: 6/18/25

12. Nature of Action: 760 EXTENSION OF LIMITED APPOINTMENT
13. Effective Date: 3/27/68
14. Civil Service or Other Legal Authority: Sec. 522.3, P.L. 724-79th Congress as amended

15. From Pos No: 1-067
Position Title: POLITICAL OFFICER
16. Pay Plan and Occupation Code: FR-5550
17. Grade or Level: 03
18. Salary: $16,941
19. Organization Designation: MANAGUA

20. To Pos No: 1-067
Position Title: POLITICAL OFFICER ATTACHE - CONSUL
21. Pay Plan and Occupation Code: FR-5550
22. Grade: 03
23. Salary: $17,724 ~~$16,941~~
Level 3 138
24. Organization Designation: Managua

F.S. LEAVE & RETIREMENT SECTION

25. Duty Station: MANAGUA, Nicaragua
26. Location Code: 917000665
FEB 26 1968
27. Appropriation: 0113.0 — 2081 — 313001

RECEIVED 2 DEPARTMENT OF STATE

Remarks:
Limited appointment effective 3-27-63 is hereby extended for a period not to exceed five years or needs of employees services whichever is less.
NTE 3-26-73

APPOINTMENT NTE FIVE YEARS OR NEEDS WHICHEVER IS LESS. NTE 3/26/73.
EFFECTIVE 3/27/63

Signature: [signature]
Title: MEASHE, ARA:MGT:SOP

Request Approved By: [signature]
Title: ROBREWIN, ARA:MGT:SOP

PART II. TO BE COMPLETED BY PERSONNEL OFFICE

Clearances 3/5
(1)
(2) CIVIL SERVICE POS. CONTROL
(3) CLASSIFICATION
(4) EMPLOYMENT
(5)
(6) APPROVED BY

SUBJECT TO COMPLETION OF 1 YEAR PROBATIONARY PERIOD COMMENCING
SERVICE COUNTING TOWARD CAREER TENURE FROM
SUCCESSOR POSITION: EMPLOYEE RETAINED IN THE COMPETITIVE SERVICE

2-28

ARA:MGT:SOP:MEashe 2/23/68

FEDERAL EMPLOYEES SALARY ACT OF 1967

PUB. LAW 90-206

OCTOBER 8 1967

339700 SHAW ROBERT T FR 03-03 $16,941 $17,724 313001

FEDERAL EMPLOYEES SALARY ACT OF 1966

PUB. LAW 89-504

1 JULY 1966

339700 SHAW ROBERT T FR 03-02 $15,929 $16,391 312801

FORM DS-1042
7-15-60

DEPARTMENT OF STATE

PAY ROLL CHANGE SLIP

POST	ORG. CODE	POSITION NO.	ALLOT. & ACTIVITY & PURPOSE	EFFECTIVE DATE	DATE OF LAST EQUIV. INCREASE
MANAGUA	3130		01130 2081	7-01-67	

EMPLOYEE'S NAME	EMPLOYEE NO.	CATG & CLASS SERV. & GRADE	NEW SALARY RATE	OLD SALARY RATE		
SHAW ROBERT T	339700	FSR 03	$16,941	$16,391	[X]	Periodic Step-Increase

LWOP DATA (Fill in appropriate spaces covering LWOP during following periods)

Periodic

[ ] NO EXCESS LWOP. TOTAL EXCESS LWOP ______

(Check applicable box in case of excess LWOP)

[ ] IN PAY STATUS AT END OF WAITING PERIOD

[ ] IN LWOP STATUS AT END OF WAITING PERIOD.

Initials of Clerk ______

[ ] Other Step Increase ______

[ ] Pay Adjustment ______

REMARKS

Performance rating is satisfactory or better.

JOHN M. STEEVES

______
(Signature of other Authentication)

PERSONNEL COPY

14-00000

DEPARTMENT OF STATE
PERSONNEL ACTION AND AUTHORIZATION OF OFFICIAL TRAVEL
Applicable Regulations: 6 FAM 100 & FM-1 510.4

You are hereby authorized to perform official travel at Government expense as indicated herein. Unless otherwise so noted, all expenses and the maximum per diem under the regulations are authorized. Unless otherwise noted, shipment of effects is authorized from station of origin to station of destination if allowances are shown in item 15

1. NAME, ADDRESS AND DIPLOMATIC TITLE: SHAW, ROBERT T. AMERICAN EMBASSY MEXICO, D. F., MEXICO CONSUL ATTACHE	2. EMPLOYEE NUMBER: 539700	3. AUTHORIZATION NUMBER: 7-60514
	4. SOCIAL SECURITY NUMBER: 268-28-0199	
	5. CLASS: R-03	6. AUTHORIZATION DATE: JULY 6, 1966
7. NEW POSITION TITLE, NUMBER AND OCCUPATION CODE: POLITICAL OFFICER	1011 1-067(P)	8. DO NOT START TRAVEL PRIOR TO

9. ACCOUNTING CLASSIFICATION. The coding "A through E" must be shown on all documents issued under this authority and must appear on all vouchers, invoices, TR's, GBL's etc.

A. FUND	B. ALLOTMENT	C. OBLIGATION NUMBER	D. ORGANIZATION CODE	E. FUNCTION
1970113	2025	760514	313001	50-05

10A. STATION OF ORIGIN: MEXICO, D.F., MEXICO	10B. LOCATION CODE: 312°01	11. OBJECT: 2099
12. STATION OF DESTINATION: MANAGUA, NICARAGUA		13. AMOUNT

14. QUARTERS AVAILABILITY	15. ALLOWANCES FOR SHIPMENT AND/OR STORAGE OF HOUSEHOLD EFFECTS - NET WEIGHT: A. LIMITED SHIPMENT	B. TOTAL ALLOWANCE	16. FOREIGN MOTOR VEHICLE: A. SHIPMENT AUTHORIZED (1 YES 2. NO)	B. MEETS CRITERIA OF 6 FAM 165.2, SUBSECTION
1 (1 UNKNOWN 2 UNFURNISHED 3 FURNISHED)	03900	13000	2	

17. NUMBER OF DEPENDENTS: A. ADULTS	CHILDREN B. 2 to 12	C. Under 2	18. EXCESS BAGGAGE (For air travel)	19. TOTAL NUMBER OF NONTRAVEL DAYS AUTHORIZED BELOW, INCLUDING THOSE WITHOUT PER DIEM UNDER THIS AUTHORIZATION (AND AMENDMENTS): A. CONSULTATION (WORKDAYS)	B. TRAINING (CALENDAR DAYS)	C. TDY (CALENDAR DAYS)
2	2	0	000	00	000	000

THIS SECTION FOR PERSONNEL ACTION ONLY. When completed for permanent change of station, this document constitutes a valid personnel action for Transfer between Posts. **DO NOT USE FOR R. T. HOME LEAVE OR FIELD AMENDMENTS.**

20. SALARY	21. SALARY APPROPRIATION AND ALLOTMENT	22. NATURE OF ACTION AND EFFECTIVE DATE	23. DPL CODE
pa $ 16,391	01130 2081	727 07-17-66 10700766	Q 08036

24. ITINERARY, SPECIAL INSTRUCTIONS, SPECIAL AUTHORIZATION AND REMARKS

Transfer.

Tour of duty of four years with home leave after two years (Subject to the needs of the Service).

25. EOD (Old post)	26. ETA (New post)	27. AUTHORIZING OFFICER
28. AUTHORIZED ITINERARY FOR DEPENDENTS: MEXICO/MANAGUA		JOHN M. STEEVES
29. TRAVEL REQUESTED BY: A. OFFICE: ARA/EX	B. OFFICER: JONES	6

FORM DS 1038 12-63

RBB

Form DS-1031
1-63

REQUEST FOR PERSONNEL ACTION

PART I. REQUESTING OFFICE

A DATE OF REQUEST	B PROPOSED EFFECTIVE DATE	C REQUEST NUMBER	D SERVICE	E ROUTING
7/5/66			FS	CA/CS 7/11/66; 7/5

1 NAME (CAPS)	MR MISS MRS	2 EMPLOYEE NO & SEX	3 BIRTH DATE	4 SOCIAL SECURITY NO
SHAW, Robert T.	Mr.	539703 M	06/18/25	268-28-0199

F KIND OF ACTION REQUESTED (1) PERSONNEL

(2) POSITION

12 NATURE OF ACTION		13 EFFECTIVE DATE	14 CIVIL SERVICE OR OTHER LEGAL AUTHORITY
727 (CODE)	Transfer	7/17/66	

15 FROM: POS NO	POSITION TITLE	16 PAY PLAN AND OCCUPATION CODE	17 GRADE OR LEVEL	18 SALARY
3-229	Consul Consular Officer	FR-3011	03	~~pa $15,395~~ 16,391

19 ORGANIZATION DESIGNATION

Mexico, D.F. Mexico

20 TO: POS NO	POSITION TITLE	21 PAY PLAN AND OCCUPATION CODE	22 GRADE	STEP	23 SALARY
1-067 (DPL CODE 9)	Political Officer / Consul - Attache	FR-1011	03		16,391 ~~pa 15,395~~

NEXT PSI DUE ~~15,727~~

24 ORGANIZATION DESIGNATION

MANAGUA (V.PATTON)

1070
[redacted] 0268

25 DUTY STATION	26 LOCATION CODE
Managua, Nicaragua	

27 APPROPRIATION	28 POSITION OCCUPIED	29 APPORTIONED POSITION
CODE 01130 / 8?-2081 313001 C-CC	2	

REMARKS

Tour of duty four years with home leave after two years (subject to the needs of the Service).

ETA: 7/15/66.

J REQUESTED BY	K REQUEST APPROVED BY
SIGNATURE: [signature] TITLE: ARA:SCP:E. Jones	SIGNATURE: [signature] TITLE: ARA:SCP: Wiphfeldt

PART II. TO BE COMPLETED BY PERSONNEL OFFICE

CLEARANCES	INITIALS OR SIGNATURE	DATE
CEIL OR POS CONTROL		
CLASSIFICATION		
EMPLOYMENT		
APPROVED BY: Gould	M S Gould	7/5/66

ENTRANCE PERFORMANCE RATING SATISFACTORY

SUBJECT TO COMPLETION OF 1 YEAR PROBATIONARY PERIOD COMMENCING

SERVICE COUNTING TOWARD CAREER TENURE FROM

SUCCESSOR POSITION EMPLOYEE RETAINED IN THE COMPETITIVE SERVICE

14-00000

FORM DS-1042
7-15-60

DEPARTMENT OF STATE

PAY ROLL CHANGE SLIP

POST	ORG CODE	POSITION NO.	ALLOT & ACTIVITY & PURPOSE	EFFECTIVE DATE	DATE OF LAST EQUIV. INCREASE
MEXICO D.F	3128		01130 2081	7-01-66	

EMPLOYEE'S NAME	EMPLOYEE NO.	CATG. & CLASS SERV. & GRADE	NEW SALARY RATE	OLD SALARY RATE	
SHAW ROBERT T	539700	FSR 03	$15,929	$15,395	[X] Periodic Step-Increase

LWOP DATA (Fill in appropriate spaces covering LWOP during following periods):
Period(s):

☐ NO EXCESS LWOP. TOTAL EXCESS LWOP ______
(Check applicable box in case of excess LWOP)
☐ IN PAY STATUS AT END OF WAITING PERIOD.
☐ IN LWOP STATUS AT END OF WAITING PERIOD.

______ Initials of Clerk

☐ Other Step-Increase ______

☐ Pay Adjustment

REMARKS

Performance rating is satisfactory or better.

JAMES E. HOOFNAGLE

(Signature or other authentication)

PERSONNEL COPY

FEDERAL EMPLOYEES SALARY ACT OF 1965
PUB. LAW 89-301
15 NOVEMBER 1965

539700 SHAW ROBERT T FR 03-01 $14,860 $15,395 312801

14-00000

FORM DS 1032

JOURNAL NUMBER

NOTIFICATION OF PERSONNEL ACTION

SERVICE: FS

1 NAME (CAPS) LAST FIRST MIDDLE / MR MISS MRS	2 EMPLOYEE NO & SEX	3 BIRTH DATE	4 SOCIAL SECURITY NO
SHAW, ROBERT T. MR.	539700M	06-18-25	268-28-0199
5 VETERAN PREFERENCE: 2	6 TENURE (3) CODE 06	7 SERVICE COMP DATE 08-28-48	8 PHYSICAL HANDICAP CODE 0
9 FEGLI: 1 (1-COVERED 2-INELIGIBLE 3-WAIVED)	10 RETIREMENT 1	10A WGI & TIME OF GRADE 05-65	11
12 NATURE OF ACTION: 702 PROMOTION	13 EFFECTIVE DATE 05-26-65	14 CIVIL SERVICE OR OTHER LEGAL AUTHORITY	

15 FROM POSITION TITLE AND NUMBER	16 PAY PLAN AND OCCUPATION CODE	17 GRADE	18 SALARY
	FR-	04	(pa$13,335)

19 NAME AND LOCATION OF EMPLOYING OFFICE: DEPARTMENT OF STATE, WASHINGTON, D. C. 20520

20 TO POSITION TITLE AND NUMBER	21 PAY PLAN AND OCCUPATION CODE	22 GRADE	23 SALARY / WORK SCHED
3-229 CONSULAR OFFICER / V CONSUL	(FR-03011) 007	03	(pa$14,860) 1

24 NAME AND LOCATION OF EMPLOYING OFFICE: DEPARTMENT OF STATE, WASHINGTON, D. C. 20520

25 DUTY STATION		26 LOCATION CODE
MEXICO,D.F.,MEXICO		915300595
27 APPROPRIATION: 0113.0-2081-312801-000 08680965	28 POSITION OCCUPIED: 2	29 APPORTIONED POSITION

30 REMARKS

A. SUBJECT TO COMPLETION OF 1 YEAR PROBATIONARY (OR TRIAL) PERIOD COMMENCING

B. SERVICE COUNTING TOWARD CAREER (OR PERMANENT) TENURE FROM

The grade of the position to which you are officially assigned may be reviewed and corrected by the Department or by the Civil Service Commission.

31 DATE OF APPOINTMENT AFFIDAVIT

32 OFFICE MAINTAINING PERSONNEL FOLDER

33 CODE EMPLOYING DEPARTMENT OR AGENCY: ST 01 | DEPARTMENT OF STATE

34 SIGNATURE AND TITLE

SUBMITTING OFFICE NO 2951

JL

2

PERSONNEL FOLDER

05 26 65

PAY INC. EFF. 7-5-64 PL 88-426

NAME	PAY PLAN	CLASS	FROM SALARY	TO SALARY	STEP	ORGAN
SHAW ROBERT T	FR	4	12,860	13,335	4	312801

FORM DS-1042
7-13-60

DEPARTMENT OF STATE

PAY ROLL CHANGE SLIP

POST	ORG CODE	POSITION NO.	ALLOT & ACTIVITY & PURPOSE	EFFECTIVE DATE	DATE OF LAST EQUITY INCREASE
MEXICO CITY AJ	3128		NO CHANGE	7-01-64	

EMPLOYEE'S NAME	EMPLOYEE NO	CATG & CLASS SERV & GRADE	NEW SALARY RATE	OLD SALARY RATE	
SHAW ROBERT T	530700	FSR 4	$ 12,880	$ 12,490	[X] Periodic Step-Increase

LWOP DATA (Fill in appropriate spaces covering LWOP during following periods)
Period(s):
[ ] NO EXCESS LWOP   TOTAL EXCESS LWOP
(Check applicable box in case of excess LWOP,
[ ] IN PAY STATUS AT END OF WAITING PERIOD
[ ] IN LWOP STATUS AT END OF WAITING PERIOD
Initials of Clerk

[ ] Other Step-Increase

[ ] Pay Adjustment

REMARKS

Performance rating is satisfactory or better

EARL D. SOHM

(Signature or other authorization)

PERSONNEL COPY

NAME	PAY PLAN	CLASS	FROM SALARY	TO SALARY	STEP	ORGN
SHAW ROBERT T	FR	04	$ 11,880	$ 12,495	03	312801

STANDARD FORM NO. 61a
REVISED JUNE 1957
APPROVED BY:
COMP. GEN., U.S.
MARCH 1957
U.S. CIVIL SERVICE COMMISSION
F.P.M. CHAPTER A8

CIVIL OFFICER APPOINTMENT AFFIDAVITS

(As defined in 5 USC 21a and 21b)

United Mexican States
Federal District
City of México
Embassy of the United States of America
ss:

PER file

I, Robert T. Shaw (Name in full) Arizona (State)

do solemnly swear (or affirm) that

A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter, SO HELP ME GOD.

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

I am not a Communist or Fascist. I do not advocate nor am I knowingly a member of any organization that advocates the overthrow of the constitutional form of the Government of the United States, or which seeks by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) that I will not so advocate, nor will I knowingly become a member of such organization during the period that I am an employee of the Federal Government or any agency thereof.

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not participating in any strike against the Government of the United States or any agency thereof, and I will not so participate while an employee of the Government of the United States or any agency thereof. I do not and will not assert the right to strike against the Government of the United States or any agency thereof while an employee of the Government of the United States or any agency thereof. I do further swear (or affirm) that I am not knowingly a member of an organization of Government employees that asserts the right to strike against the Government of the United States or any agency thereof and I will not, while an employee of the Government of the United States or any agency thereof, knowingly become a member of such an organization.

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing such appointment.

Robert T. Shaw (Type name of appointee) — Robert T. Shaw (Signature of appointee)

Subscribed and sworn before me this 15th day of October, A. D. 19 63,

at Mexico, D. F., Mexico (City) (State)

[SEAL]

L. L. Reeves (Signature of officer)

Consul of the United States of America (Title)

Department of State (Department or agency) — Foreign Service of the U.S. (Bureau or division) — Mexico D.F., Mexico (Place of employment)

Consul (Position to which appointed) — September 10, 1963 (Date of entrance on duty)

NOTE.—*The oath of office must be administered by a person specified in 5 U. S. C. 16, or by a person designated to administer oaths under Section 206, Act of June 26, 1943, 5 U. S. C. 16a. If by a Notary Public, the date of expiration of his commission should be shown.*

U. S. GOVERNMENT PRINTING OFFICE

14-00000

FORM DS-1032

NOTIFICATION OF PERSONNEL ACTION

JOURNAL NUMBER

SERVICE: FS

1 NAME (CAPS) LAST FIRST MIDDLE	2 EMPLOYEE NO	3 BIRTH DATE	4 SOCIAL SECURITY NO
SHAW, ROBERT T. MR.	539700M	06-18-25	268-28-0199
5 VETERAN PREFERENCE: 2 (1-NO, 2-5 PT, 3-10 PT DISAB, 4-10 PT COMP, 5-10 PT OTHER)	6 TENURE (3) CODE 0	7 SERVICE COMP DATE 08-28-48	8 PHYSICAL HANDICAP CODE 0
9 FEGLI (1-COVERED, 2-INELIGIBLE, 3-WAIVED)	10 RETIREMENT 1	10A MO & YR OF GRADE 03-63	11

12 NATURE OF ACTION	13 EFFECTIVE DATE	14 CIVIL SERVICE OR OTHER LEGAL AUTHORITY
980 GRANTING OF CONSULAR TITLE	09-10-63	

15 FROM: POSITION TITLE AND NUMBER	16 PAY PLAN AND OCCUPATION CODE	17 GRADE	18 SALARY
CONSULAR OFFICER			

19 NAME AND LOCATION OF EMPLOYING OFFICE: DEPARTMENT OF STATE, WASHINGTON 25, D. C.

20 TO: POSITION TITLE AND NUMBER	21 PAY PLAN AND OCCUPATION CODE	22 GRADE STEP	23 SALARY
3-229 CONSULAR OFFICER V CONSUL	(FR-3011) FO	(04) 06	(pa$11,880) 1 15 NEXT PAY DUE

24 NAME AND LOCATION OF EMPLOYING OFFICE: DEPARTMENT OF STATE, WASHINGTON 25, D. C.

25 DUTY STATION		26 LOCATION CODE
MEXICO CITY, D.F., MEXICO		915300595

27 APPROPRIATION	28 POSITION OCCUPIED	29 APPORTIONED POSITION
AJ -A-2081- 312801-32 A78	2	

30 REMARKS

This action is subject to all applicable laws, rules and regulations and may be subject to investigation and approval by the United States Civil Service Commission or the Department. ... The grade of the position to which you are officially assigned may be reviewed and corrected by the Department or by the Civil Service Commission.

NOMINATED: 08-26-63.
CONFIRMED: 09-09-63.
ATTESTED: 09-10-63.

EXECUTE SF-61A.
APPOINTED BY THE PRESIDENT AS CONSUL OF THE USA 09-10-63.

31 DATE OF APPOINTMENT AFFIDAVIT

32 OFFICE MAINTAINING PERSONNEL FOLDER

33 CODE EMPLOYING DEPARTMENT OR AGENCY: ST 01 DEPARTMENT OF STATE

34 SIGNATURE AND TITLE

35 DATE

SUBMITTING OFFICE NO 2951

CHP 2 PERSONNEL FOLDER

14-00000

Form DS-1031

REQUEST FOR PERSONNEL ACTION — PCS

PART I. REQUESTING OFFICE

A Date of Request	B Proposed effective date	Request No.	D Service	E Routing	
2/26/63	ASAP		FS	PER:EMD / POD:TR	POD:ARA / PER:FOD / AAB

1 Name	Mr. Miss Mrs	2 Employee No.	3 Birth Date	4 Social Security No.
SHAW, ROBERT T.	MR.	539700M	06/18/25	262-28-0199

5 Veteran Preference	6 Tenure Code	7 Service Comp. Date	8 Physical Handicap Code
2	3 G	08-28-48	

9 FEGLI	10 Retirement	10A Mo. & Yr. of Grade
1	1	03-63

12 Nature of Action	13 Effective Date	14 Civil Service or Other Legal Authority
980 Granting of Consular Title	09-10-63	~~Section 522.1 — P.L. 724 — 79th. Congress as amended~~

15 From Pos No / Position Title	16 Pay Plan and Occupation Code	17 Grade or Level	18 Salary
Consular Officer			

19 Organization Designation

20 To Pos No / Position Title	21 Pay Plan and Occupation Code	22 Grade	Step	23 Salary
3-229 Consular Officer Consul	FSR 3011 FO	04 O-6		(p.a. $11,880) 15

24 Organization Designation

25 Duty Station: Mexico City, Mexico D.P. 312801-32

26 Location Code: 915300595

27 Appropriation Code: 15 A-2081 ~~Program~~ (072)

28 Position Occupied: 2

29 Apportioned Position

Presidential Commission required.

~~APPOINTED BY THE PRESIDENT AS CONSUL OF THE U. S. A. 09-10-63.~~

NOMINATED: 08-26-63
CONFIRMED: 09-09-63
ATTESTED : 09-10-63

EXECUTE SF 61a

APPOINTED BY THE PRESIDENT AS CONSUL OF THE U. S. A. 09-10-63.

14-00000

STANDARD FORM NO. 61a
REVISED JUNE 1950
APPROVED BY
COMP. GEN., U. S.
MARCH 20, 1947
U. S. CIVIL SERVICE COMMISSION
F. P. M. CHAPTER A4

CIVIL OFFICER APPOINTMENT AFFIDAVITS

(As defined in 5 USC 21a and 21b)

I, Robert Tyler Shaw (Name in full) Arizona (State)

do solemnly swear (or affirm) that

A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter, SO HELP ME GOD.

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

I am not a Communist or Fascist. I do not advocate nor am I knowingly a member of any organization that advocates the overthrow of the constitutional form of the Government of the United States, or which seeks by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) that I will not so advocate, nor will I knowingly become a member of such organization during the period that I am an employee of the Federal Government or any agency thereof.

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not participating in any strike against the Government of the United States or any agency thereof, and I will not so participate while an employee of the Government of the United States or any agency thereof. I do not and will not assert the right to strike against the Government of the United States or any agency thereof while an employee of the Government of the United States or any agency thereof. I do further swear (or affirm) that I am not knowingly a member of an organization of Government employees that asserts the right to strike against the Government of the United States or any agency thereof and I will not, while an employee of the Government of the United States or any agency thereof, knowingly become a member of such an organization.

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing such appointment.

Robert Tyler Shaw (Typed name of appointee) — Robert T. Shaw (Signature of appointee)

Subscribed and sworn before me this 27th day of March, A. D. 1963,

at Washington (City) D. C. (State)

Ronald C. Smith (Signature of officer)

[SEAL]

Sec. 206, Act of June 26, 1943 (Title)

Department of State (Department or agency) — Foreign Service (Bureau or division) — Mexico City (Place of employment)

Consular Officer - FSR-4 (Position to which appointed) — EOD 3-27-63 (Date of entrance on duty)

NOTE.—*The oath of office must be administered by a person specified in 5 U. S. C. 18, or by a person designated to administer oaths under Section 206, Act of June 26, 1943, 5 U. S. C. 16a. If by a Notary Public, the date of expiration of his commission should be shown.*

16—61362-3 U. S. GOVERNMENT PRINTING OFFICE

14-00000

Form DS-1032

NOTIFICATION OF PERSONNEL ACTION

Field	Entry
1. Name (Last, First, Middle) / Mr. Miss Mrs.	SHAW, ROBERT T. MR.
Service	FS
2. Employee No. & Sex	539700M
3. Birth Date	06-18-25
4. Social Security No.	268-28-0199
5. Veteran Preference	2
6. Tenure Group	(3) 0
7. Service Comp. Date	~~00-00-00~~ 12-27-48
8. Physical Handicap Code	0
9. FEGLI	
10. Retirement	1
10A. Mo. & Yr. of Grade	03-63
12. Nature of Action	171 LIMITED APPOINTMENT
13. Effective Date	03-27-63
14. Civil Service or Other Legal Authority	SEC. 522.1 PL 724-79TH AS AMENDED
15. From: Position Title and Number	
18. Salary	pa$
19. Name and Location of Employing Office	DEPARTMENT OF STATE, WASHINGTON 25, D.C.
20. To: Position Title and Number	3-229 CONSULAR OFFICER
Opl. Code	Z
21. Pay Plan and Occupation Code	(FR-3011) FO
22. Grade / Step	(04) 06
23. Salary / Work Sched.	(pa$11,880) 1
Next PSI Due	15
24. Name and Location of Employing Office	DEPARTMENT OF STATE, WASHINGTON 25, D.C.
25. Duty Station	MEXICO D.F., MEXICO
26. Location Code	915300595
27. Appropriation	AJ -A-2081-3128-32 12801 A78
28. Position Occupied	2
29. Apportioned Position	

30. REMARKS

A. SUBJECT TO COMPLETION OF 1 YEAR PROBATIONARY (OR TRIAL) PERIOD COMMENCING

B. SERVICE COUNTING TOWARD CAREER (OR PERMANENT) TENURE FROM

SEPARATIONS: SHOW REASON BELOW, AS REQUIRED. CHECK IF APPLICABLE

APPOINTMENT LIMITED TO FIVE YEARS OR NEED FOR EMPLOYEE'S SERVICES, WHICHEVER IS LESS.

TOUR OF DUTY OF FIVE YEARS WITH HOME LEAVE AFTER THREE YEARS SUBJECT TO THE NEEDS OF THE SERVICE).

31. DATE OF APPOINTMENT AFFIDAVIT

32. OFFICE MAINTAINING PERSONNEL FOLDER

33. CODE EMPLOYING DEPARTMENT OR AGENCY: ST 01 DEPARTMENT OF STATE

34. SIGNATURE AND TITLE

CHP

2 PERSONNEL FOLDER

Form DS-1031

REQUEST FOR PERSONNEL ACTION

PART I. REQUESTING OFFICE

A. Date of Request	B. Proposed Effective Date	C. Request Number	D. Service	
2/26/63	ASAP		FS	PER/CMP 2/26/63; FOD/TR 2/27/63

1. Name (Caps) Last-First-Middle	Mr. Miss Mrs.	2. Employee No. & Sex	3. Birth Date	4. Social Security No.
SHAW, ROBERT T.	MR.	539700 M	06/18/25	260-28-0199

5 Veteran Preference: 2 — 6 Tenure Code: 3 G — 8 Physical Handicap Code: 0

10 Retirement: 1 — 10A Mo. & Yr. of Grade: 03-63

12 Nature of Action: 171 — ~~FSR~~ Appointment - ~~Limited~~ Limited

13 Effective Date: 3-27-63

14 Civil Service or Other Legal Authority: Section 522.1 - P. L. 724 - 79th. Congress as amended

15 From Pos No — Position Title — 16 Pay Plan and Occupation Code — 17 Grade or Level — 18 Salary

19 Organization Designation

20 To Pos No	Position Title	21 Pay Plan and Occupation Code	22 Grade	23 Salary
3-229 / Z	Consular Officer ~~*Consul (when confirmed)~~	FR- 3011 ~~FSR~~ F6	04 6-6	(p.a.$11,880) 15 / 1

24 Organization Designation: Vice: Stewart

25 Duty Station: Mexico ~~City~~ D.F., Mexico — 9153005955

AS 11-2081 — 13301 — PROGRAM 3128-32 A73 — @ 2 — Aug

Remarks: Authorize travel of appointee and dependents from Falls Church, Virginia to Mexico City. Authorize shipment of effects from Falls Church, Virginia and Williamsburg, Virginia to Mexico City. Authorize shipment of unaccompanied baggage from Falls Church, Virginia and/or Williamsburg, Virginia to Mexico City. Appointment limited to 5 years, or need of employee's services, whichever is less. *See separate DS 1031 for Granting of Consular Title. Tour of duty (a)

Requested by: FOD:ARA - Pierre R. Graham, Chief — Signature: [signature]

Recommended by: PER:FMO - David C. Jelinek — [signature]

PART II. TO BE COMPLETED BY PERSONNEL OFFICE

Jules Bassin — Bassin — PSD-2 Control 3/4/63

ML&L / 3-5

PER/CD:ARA:MElabe 2/26/63 Appt GM /

14-00000

NOTIFICATION OF SECURITY CLEARANCE UNDER E.O. 10450

TO: Director, Office of Personnel
Attn: Mr. John Ordway

DATE: February 1, 1963

SUBJECT: SHAW, Robert Tylar
(DOB: 6/18/25)

[x] APPLICANT. If subject is not appointed within 90 days of the date of this notification, this clearance must be revalidated by the Office of Security.

[ ] EMPLOYEE.

The case of above-named person has been reviewed in the Office of Security.

Investigative requirements of Executive Order 10450 have been complied with.

It has been determined that the employment or retention in employment of subject is clearly consistent with the interests of national security.

On the basis of this determination clearance is hereby granted. This clearance shall remain in effect for all purposes until further notice except that prior approval must continue to be requested from the Office of Security in the event of marriage to an alien, Presidential appointment, any appointment requiring Senate confirmation, and transfers or assignments to the Office of Security, R Area Special Projects Staff, and cryptographic duties. (This determination shall not eliminate or modify any other determination on security which may be required by law).

REMARKS:

[ ] Investigative reports are attached. Please return these reports to the Office of Security within 10 days together with the names of the individuals who have reviewed them listed on the extra copy of this form herewith furnished.

[ ]

~~Director of Office of Security~~
Deputy Assistant Secretary for Security

ATTACHMENTS

O/SY:JFReilly:ac

This memorandum may be considered as OFFICIAL USE ONLY upon removal of attachments.

0-910

14-00000

UNCLASSIFIED/Mexico City

STANDARD FORM 144
REVISED SEPTEMBER 1954
U. S. CIVIL SERVICE COMMISSION
FPM CHAPTERS 41 AND 82

STATEMENT OF PRIOR FEDERAL CIVILIAN AND MILITARY SERVICE AND DETERMINATION OF COMPETITIVE STATUS

IMPORTANT: The information on this form will be used (1) in determining creditable service for leave purposes and retention credits for reduction in force, and (2) in reviewing agency determination of competitive status. The employee should complete Part I and the Personnel Office should complete Parts II through V.

PART I.—EMPLOYEE'S STATEMENT

1. NAME (*Last, first, middle initial*): SHAW, Robert T.

2. DATE OF BIRTH: 6-18-25

3. LIST THE FOLLOWING INFORMATION CONCERNING ALL FEDERAL AND DISTRICT OF COLUMBIA SERVICE YOU HAVE HAD PRIOR TO YOUR PRESENT APPOINTMENT (*Do not include military service.*)

NAME AND LOCATION OF AGENCY	FROM— YEAR	MONTH	DAY	TO— YEAR	MONTH	DAY	TYPE OF APPOINTMENT IF KNOWN
FOREIGN SERVICE DEPT OF STATE	49	10		52	2		
" "	52	5		54	7		
DEPT OF DEFENSE	54	7		56	5		
FOREIGN SERVICE	56	6		61	5		
DEPT OF STATE	61	5		63	3		

4. LIST PERIODS OF ACTIVE SERVICE IN ANY BRANCH OF THE ARMED FORCES OF THE UNITED STATES. IF YOU HAD NO ACTIVE MILITARY SERVICE, WRITE "NONE"

BRANCH	FROM— YEAR	MONTH	DAY	TO— YEAR	MONTH	DAY	DISCHARGE (Hon. or dishon.?)
ARMY	43	9	11	45	3	8	HON.

5. DURING PERIODS OF EMPLOYMENT SHOWN IN ITEM 3, DID YOU HAVE A TOTAL OF MORE THAN 6 MONTHS ABSENCE WITHOUT PAY, INCLUDING PERIODS OF MERCHANT MARINE SERVICE, DURING ANY ONE CALENDAR YEAR? ☐ YES ☐ NO
IF ANSWER IS "YES," LIST FOLLOWING INFORMATION.

TYPE IF KNOWN (LWOP, Furl, Susp, AWOL, Mer Mar)	FROM— YEAR	MONTH	DAY	TO— YEAR	MONTH	DAY	TOTAL YEARS	MONTHS	DAYS

6. DURING THE FEDERAL SERVICE LISTED IN ITEM 3, DID YOU ACQUIRE A PERMANENT COMPETITIVE CIVIL SERVICE STATUS?
☐ YES ☒ NO
If answer is "Yes," in what agency were you employed at the time status was acquired? [illegible]

7. ARE YOU:
a. THE WIFE OF A DISABLED VETERAN? ☐ YES ☐ NO
b. THE MOTHER OF A DECEASED OR DISABLED VETERAN? ☐ YES ☐ NO
c. THE UNREMARRIED WIDOW OF A VETERAN? ☐ YES ☐ NO

NA

8. TO BE EXECUTED BEFORE A NOTARY PUBLIC OR OTHER PERSONS AUTHORIZED TO ADMINISTER OATHS.
I swear (or affirm) that the above statements are true to the best of my knowledge and belief.

EOD 3-27-63 (DATE)   Robert T. Shaw (SIGNATURE)

Subscribed and sworn to before me on this 27th day of March 19 63 at Washington D. C.

SEAL   Ronald C. Smith

NOTE: If oath is taken before a Notary Public, the date [illegible] Commission [illegible] be shown.

INSTRUCTIONS: File this form on the permanent side of the employee's official personnel folder immediately before or after the personnel action involved.

PART II.—THIS COLUMN IS FOR PERSONNEL OFFICE USE

9. RETENTION GROUP

10. A. CSC STATUS ☐ YES ☐ NO
B. TYPE OF PRESENT APPOINTMENT

11. SERVICE

YEAR	MONTH	DAY

12. TOTAL SERVICE

13. NONCREDITABLE SERVICE (*Leave purposes only*)

14. NONCREDITABLE SERVICE (*RIF purposes only*)

15. REEMPLOYMENT RIGHTS
☐ YES ☐ NO
[illegible]
☐ YES ☐ NO

17. EXPIRATION DATE OF RETENTION RIGHTS

(OVER)

FORM DSP-34
9-1-53

DEPARTMENT OF STATE

SUPPLEMENT TO STANDARD FORM 57

If more space is required, use additional sheets of paper. Write on each sheet your name, address and date of birth. Identify each item, and attach to this application.

Budget Bureau No. 47-R071.4
Approval Expires June 30, 1955

1.a. NAME (Print)
Robert Tyler Shaw

b. ADDRESS
3000 N. Oakland Street
Arlington 7, Virginia

2. USE OF APPLICATION - CHECK BELOW TO INDICATE TYPE OF EMPLOYMENT FOR WHICH YOU WISH TO BE CONSIDERED:

☒ Foreign Service Only ☐ Departmental Only ☐ Foreign Service and Departmental

3. PERMANENT ADDRESS (Place from which you will expect transportation of self and household effects, if any, if appointed to the Foreign Service)

3000 N. Oakland Street, Arlington 7, Virginia

4. IF BORN OUTSIDE THE UNITED STATES, HOW WAS CITIZENSHIP ACQUIRED? IF A NATURALIZED CITIZEN, GIVE PLACE, DATE, AND NUMBER OF NATURALIZATION CERTIFICATE. (Section 11 on Form 57)

5.a. ARE YOU NOW INVOLVED IN ANY LITIGATION OR SEPARATION AGREEMENT? ☐ Yes ☒ No
b. DO YOU KNOW OF ANY PROSPECTIVE LITIGATION IN WHICH YOU MAY BE INVOLVED? ☐ Yes ☒ No
(Give details, if answer is yes to a. or b.)

c. IF DIVORCED GIVE NAME OF COURT, LOCATION, AND DECREE.

6. IF APPLYING FOR OVERSEAS EMPLOYMENT WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT? (Exclusive of overseas allowances)
$ Per Year

7. IF OFFERED APPOINTMENT IN THE FOREIGN SERVICE WHAT RESTRICTIONS ARE THERE ON YOUR AVAILABILITY FOR DUTY IN ANY PART OF THE WORLD?
None

8.a. FULL NAME OF SPOUSE (If wife, give maiden name)
Janet Lee Ruggles Shaw

b. DATE OF BIRTH
12 April 1927

c. PLACE OF BIRTH (City, State or Province, and Country)
Three Rivers, Michigan

d. IF BORN OUTSIDE THE UNITED STATES, HOW WAS CITIZENSHIP ACQUIRED?

e. IF NATURALIZED, GIVE PLACE, DATE, AND NO. OF NATURALIZATION CERTIFICATE

9.

NAMES OF DEPENDENTS	RELATIONSHIP	DATE OF BIRTH	WILL RESIDE WITH YOU OVERSEAS: YES	NO
Janet Lee Ruggles Shaw	Wife	12 April 1927	x	
Barbara Lee Shaw	Daughter	27 July 1952	x	
Richard Wilson Shaw	Son	10 September 1955	x	
Thomas Ruggles Shaw	Son	10 September 1955	x	

10.a. FATHER'S NAME
Maj. Gen. Franklin P. Shaw

b. PRESENT ADDRESS
Ewell & Battle Sts, Manassas, Va.

c. PLACE OF BIRTH
Newport, Kentucky

11.a. MOTHER'S NAME
Mary Ines Skeen Shaw

b. PRESENT ADDRESS
"

c. PLACE OF BIRTH
Elizabethtown, Ky.

12. IF PARENTS BORN OUTSIDE THE UNITED STATES, DID THEY EVER OBTAIN UNITED STATES CITIZENSHIP? (Check below)
FATHER ☐ Yes ☐ No
MOTHER ☐ Yes ☐ No

13. HAVE YOU EVER APPLIED FOR A POSITION WITH THE DEPARTMENT OF STATE OR TAKEN AN EXAMINATION FOR A POSITION WITH THE DEPARTMENT OF STATE? ☒ Yes ☐ No
If "Yes" give date, nature of position applied for, and kind of examination taken, if any.
Asst. Attache, FSS-9, Caracas, Venezuela, 1949-52
Vice Consul, FSS-9, Guayaquil, Ecuador, 1952-54.

14. RELATIVES BY BLOOD OR MARRIAGE NOW RESIDING IN FOREIGN COUNTRIES

NAME	RELATIONSHIP	ADDRESS
Maj. F. P. Shaw, Jr.	Brother	Tokyo, Japan

15. LIST PRESENT OR FORMER FOREIGN CONNECTIONS:

A. BUSINESS

B. EMPLOYMENT

16. DOES YOUR FINANCIAL POSITION PERMIT DISCHARGE OF ALL DEBTS INCURRED? [X] YES [ ] NO
IF "NO," STATE INFORMATION REQUESTED BELOW:

NAMES OF CREDITORS	AMOUNTS DUE	DATES ON WHICH OBLIGATIONS WERE CONTRACTED

17a. HAVE YOU EVER BEEN MEDICALLY DISCHARGED FROM THE ARMED SERVICE? [ ] YES [X] NO
b. HAVE YOU EVER BEEN UNDER TREATMENT FOR A MENTAL OR EMOTIONAL DISORDER? [ ] YES [X] NO
IF "YES," GIVE DETAILS IN ITEM 39 OF FORM 57.

18. PRESENT MILITARY STATUS

A. ARE YOU REGISTERED WITH A SELECTIVE SERVICE BOARD? [ ] YES [X] NO IF "YES," STATE BELOW THE NUMBER AND ADDRESS OF THE BOARD, AND YOUR CLASSIFICATION:

B. DO YOU HAVE A MILITARY RESERVE STATUS? [ ] YES [X] NO IF "YES," STATE BELOW, THE BRANCH OF SERVICE; YOUR SERIAL NUMBER; YOUR ORGANIZATION UNIT AND HEADQUARTERS:

LIST DECORATIONS *(Exclusive of service ribbons)*, CITATIONS, AND OFFICIAL LETTERS OF COMMENDATION RECEIVED FOR SERVICE IN THE ARMED FORCES:

19. LIST OTHER NAMES, IF ANY, BY WHICH YOU HAVE BEEN KNOWN INCLUDING MARRIED NAMES, IF MARRIED MORE THAN ONCE, GIVE DATES DURING WHICH NAMES WERE USED.

20. REFERENCES: LIST FIVE PERSONS, EXCLUSIVE OF SUPERVISORS, LIVING IN THE UNITED STATES WHO ARE NOT RELATED TO YOU AND WHO HAVE DEFINITE KNOWLEDGE OF YOUR QUALIFICATIONS AND FITNESS FOR THE POSITION FOR WHICH YOU ARE APPLYING. *(Repeat names listed in item 34, Form 57 and add two additional references.)*

FULL NAME	PRESENT BUSINESS OR HOME ADDRESS *(Give complete current address, including street and number)*	BUSINESS OR OCCUPATION
Norman Armour	c/o Dept. of State	Retired, FSO
Paul C. Hutton	c/p Dept. of State	FSO/Dept.
Raymond C. Leddy	c/o Dept. of State	FSO/Dept.
Gen. Douglas MacArthur	Remington Rand, N.Y.C.	Corp. President
Maj. Gen. R. C. Harmon	Dept. of AirForce	Judge Advocate

21. HAVE YOU EVER BEEN UNDER THE CIVIL SERVICE RETIREMENT SYSTEM: Yes

23. SOCIAL SECURITY NUMBER, IF ANY: 268-28-0199

22. If you believe the information you have supplied on this application does not fully show your qualifications for Departmental or Foreign Service Employment, state in Item 33 of Form 57 or on a separate sheet, any additional appropriate data that you wish to be considered.

DATE: 10 February 1956

SIGNATURE: Robert Shaw

14-00000

STANDARD FORM 57
REVISED MARCH 1961
U.S. CIVIL SERVICE COMMISSION

APPLICATION FOR FEDERAL EMPLOYMENT

57-101

1. Kind of position applied for, or name of examination: FOREIGN SERVICE RESERVE
Announcement No.
2. Options for which you wish to be considered (if listed in examination announcement)
3. Primary place(s) of employment applied for (City and State): FOREIGN SERVICE
4. Name (First, middle, maiden, if any, last): Mr. ROBERT TYLER SHAW
5. Address (Number, Street, City, Zone, State): 415 LINDEN LANE FALLS CHURCH, VA.
6. Home phone: JE 2-0199
7. Office phone
8. Legal or voting residence (State): ARIZONA
9. Height without shoes: 5 feet 7 inches
10. Weight: 135
11. Sex: [X] Male [ ] Female
12. Marital status: [X] Married [ ] Single (Incl. widowed, divorced)
13. Birthplace (City and State, or foreign country): Washington, D. C.
14. Birth date (Month, day, year): June 18, 1925
15. Social Security Number: 268 | 28 | 0199
16. If you have ever been employed by the Federal Government, indicate last grade and job title: Presently employed by Dept. of State (GS-14)
Dates of service in that grade From May 1961 To Present

DO NOT WRITE IN THIS SPACE — APPLICATION NO. — ANNOUNCEMENT NO.

DO NOT WRITE IN THIS BLOCK
For Use of Examining Office Only

[ ] Appvr. [ ] Nonappvr.
Material [ ] Submitted [ ] Returned
Entered Register:
Notations:
App. Reviewed:
App. Approved:

Option	Grade	Earned Rating	Preference	Augm. Rating
			[ ] 5 points (Tent.)	
			[ ] 10 points Comp. Dis	
			[ ] Other 10 Point	
			[ ] Disal.	
			[ ] Being Investigated	
Initials and date				

17. AVAILABILITY INFORMATION

A. Lowest grade or pay you will accept: $ per or grade FSR-4

B. Will you accept temporary appointment? (Acceptance or refusal of temporary employment will not affect your consideration for other appointments.) [X] Yes [ ] No If "Yes," indicate by "X" in appropriate box or boxes.
[ ] 1 mo. or less [ ] 1 to 4 months [ ] 4 to 12 months

C. Will you accept less than full time employment (less than 40 hours per week)? [ ] Yes [X] No

D. Are you willing to travel? [ ] Not at all [ ] Occasionally [X] Frequently

E. Will you accept employment: In Washington, D.C.? [ ] Yes [X] No Outside U.S.? [X] Yes [ ] No

F. Will you accept appointment only in certain locations? [ ] Yes [X] No If "Yes," list locations

18. ACTIVE MILITARY SERVICE AND VETERAN PREFERENCE

A. List Dates, Branch, and Serial or Service Number of All Active Service

From	To	Branch of Service	Serial or Service Number
September 11, 1943	March 8, 1946	Army	35228658

B. Have you ever been discharged from the armed forces under other than honorable conditions? [ ] Yes (Give details in Item 39) [X] No

C. Do you claim 5-point preference based on wartime military service? [X] Yes [ ] No

D. Do you claim 5-point preference based on service during peacetime campaign? [ ] Yes (Complete and attach Standard Form 15) [X] No

E. Do you claim 10-point preference? [ ] Yes [X] No If "Yes," check type of preference claimed and complete and attach Standard Form 15, "Veteran Preference Claim." TYPE: [ ] Compensable disability [ ] Disability [ ] Wife [ ] Widow [ ] Mother

THIS SPACE FOR USE OF APPOINTING OFFICER ONLY

The information given in answer to Question 18 has been verified with the discharge certificate and/or other proof which shows that the separation was under honorable conditions.

VETERAN PREFERENCE ALLOWED [ ] 5-point [ ] 10-point Comp. Disab. [ ] Other 10-point [ ] None

Signature and title	Agency	Date

14-00000

PLEASE BE SURE TO READ ATTACHED INSTRUCTIONS BEFORE COMPLETING ITEM 19

19. EXPERIENCE *(Start with your PRESENT position and work back)*

May inquiry be made of your present employer regarding your character, qualifications, and record of employment? [X] Yes [ ] No

1

Dates of employment *(month, year)*	Exact title of position	Number and kind of employees you supervise
From May 1961 To present time	Political Officer	8 - 10

Salary or earnings	Classification Grade *(If in Federal service)*	Place of employment *(City & State)*	Kind of business or organization *(Manufacturing, accounting, insurance, etc.)*
Starting $12,210 per yr Present $13,270 per yr	GS-14	Washington, D. C.	U.S. Govt

Name and address of employer *(firm, organization, etc.)*	Name, title, and present address of immediate supervisor
Department of State	Thomas Linthicum

Reason for wanting to leave: Desire to re-enter Foreign Service

Description of work: Analysis of political and economic reporting from Embassies and Consulates in Latin American countries; preparation of special studies based on these reports; conduct of official business with representatives of Latin American Governments in Washington.

2

Dates of employment *(month, year)*	Exact title of position	Number and kind of employees you supervised
From June 1956 To May 1961	Vice Consul & Consul	1 (Secretary)

Salary or earnings	Classification Grade *(If in Federal service)*	Place of employment *(City & State)*	Kind of business or organization *(Manufacturing, accounting, insurance, etc.)*
Starting $7490 per annum Final $9900 per annum	FSR-4	Nogales, Mexico & Dept of State	U.S. Govt

Name and address of employer *(firm, organization, etc.)*	Name, title, and present address of immediate supervisor
Dept of State, Washington, D.C.	Consul Gen Robert Martindale Consul Gen Terrence Leonhardy

Reason for leaving: Accept employment in the Department

Description of work: General duties of a Foreign Service Reserve Officer at the American Consulate in Nogales. Handled a considerable number of protection cases, maintained extensive contacts in the state and national governments, handled political reporting for the consulate. Transferred to Department in July 1959

3

Dates of employment *(month, year)*	Exact title of position	Number and kind of employees you supervised
From July 1954 To May 1956	Foreign Affairs Ofcr	2 (Secretary & Clerk)

Salary or earnings	Classification Grade *(If in Federal service)*	Place of employment *(City & State)*	Kind of business or organization *(Manufacturing, accounting, insurance, etc.)*
Starting $ per Final $7785 per annum	GS-12	Washington, D.C.	U.S. Govt

Name and address of employer *(firm, organization, etc.)*	Name, title, and present address of immediate supervisor
Dept of Defense Joint Chiefs of Staff	Oliver W. Anthony

Reason for leaving: Re-enter Foreign Service

Description of work: Preparation of studies and reports for the military departments and the Joint Chiefs of Staff on Inter-American Defense matters.

IF YOU NEED ADDITIONAL EXPERIENCE BLOCKS USE STANDARD FORM 57-A OR BLANK SHEETS

SEE INSTRUCTION SHEET

14-00000

STANDARD FORM 57A
MAY 1954—U. S. CIVIL SERVICE COMMISSION

CONTINUATION SHEET FOR STANDARD FORM 57
"Application for Federal Employment"

INSTRUCTIONS.—Fill out this form only when necessary for completion of Item 16, "EXPERIENCE," on Standard Form 57. Enclose with your application. Typewrite or write clearly in dark ink.

1. NAME (First, Middle, Maiden (if any), Last): ROBERT TYLER SHAW	2. DATE OF BIRTH (month, day, year): JUNE 18, 1925
3. KIND OF POSITION APPLIED FOR OR NAME OF EXAMINATION: FOREIGN SERVICE	4. DATE OF THIS CONTINUATION SHEET:

DATES OF EMPLOYMENT (month, year): FROM May 1952 TO July 1954		EXACT TITLE OF YOUR POSITION: Vice Consul	
SALARY OR EARNINGS: STARTING $ PER; FINAL $ PER	CLASSIFICATION GRADE (if in Federal Service): FSS-9	PLACE OF EMPLOYMENT: CITY Guayaquil, STATE Ecuador	KIND OF BUSINESS OR ORGANIZATION (manufacturing, accounting, insurance, etc.): U.S. Govt
NAME AND ADDRESS OF EMPLOYER (firm, organization, etc.): Dept of State		NAME AND TITLE OF IMMEDIATE SUPERVISOR: Consul Gen Paul W. Meyer	

REASON FOR LEAVING: Position with Dept of Defense

DESCRIPTION OF WORK: General duties of a Foreign Service Staff Officer in the Economic and commercial section of the consulate general in Guayaquil. Also performed political reporting functions and assisted in visa and citizenship matters.

DATES OF EMPLOYMENT (month, year): FROM Oct 1949 TO Feb 1952		EXACT TITLE OF YOUR POSITION: Asst Attache	
SALARY OR EARNINGS: STARTING $ FSS-10 PER; FINAL $ FSS-9 PER	CLASSIFICATION GRADE (if in Federal Service): FSS-9	PLACE OF EMPLOYMENT: CITY Washington & STATE Caracas, Ven	KIND OF BUSINESS OR ORGANIZATION (manufacturing, accounting, insurance, etc.): Government
NAME AND ADDRESS OF EMPLOYER (firm, organization, etc.): Dept of State		NAME AND TITLE OF IMMEDIATE SUPERVISOR: Ambassadors Donnally, Sparks, Armour	

REASON FOR LEAVING:

DESCRIPTION OF WORK: General duties of a Foreign Service Staff officer in the Political Section, Embassy Caracas. Preparation of reports for the Department and memoranda for the Ambassador, consultation with officials of the local government and American companies (esp of the petroleum industry operating in Venezuela). Assistance in the Consular Section with visa affairs

DATES OF EMPLOYMENT (month, year): FROM Nov 1947 TO Oct 1949		EXACT TITLE OF YOUR POSITION: Editor	
SALARY OR EARNINGS: STARTING $2400 PER annum; FINAL $3600 PER "	CLASSIFICATION GRADE (if in Federal Service):	PLACE OF EMPLOYMENT: CITY Cincinnati STATE Ohio	KIND OF BUSINESS OR ORGANIZATION (manufacturing, accounting, insurance, etc.): Soap & Chemical manufacture
NAME AND ADDRESS OF EMPLOYER (firm, organization, etc.): Procter & Gamble		NAME AND TITLE OF IMMEDIATE SUPERVISOR: Carl Frantz Chief, Personnel Relations	

REASON FOR LEAVING: Desire for Foreign Service

DESCRIPTION OF WORK: Supervision of preparation (compilation through final printing & finding) of sales manuals for entire company sales force. Preparation of aptitude tests and general qualifications questionnaires used by company in recruitment of salesman and administrative employees. Preparation of material for company house magazine. Maintenance of close liaison with other personnel dept. Work with company print shop and private printing establishments.

ATTACH SUPPLEMENTAL SHEETS OR FORMS HERE
• ANSWER ALL QUESTIONS CORRECTLY AND FULLY

20. SPECIAL QUALIFICATIONS AND SKILLS

A. Kind of License or Certificate (For example, pilot, teacher, registered nurse, lawyer, radio operator, C.P.A., etc.)	B. State or other licensing authority	C. Year of first license or certificate	D. Year of latest license or certificate
Private Pilot (Blue Seal, Sel)	FAA	1958	Current

E. Special skills you possess and machines and equipment you can use. (For example, short wave radio, multilith, comptometer, key punch, turret lathe, transcribing machine, scientific or professional devices)

F. Approximate number of words per minute: Typing | Shorthand

G. Special qualifications not covered in application. (For example, your most important publications (do not submit copies unless requested); your patents or inventions; public speaking and publications experience; membership in professional or scientific societies, etc.; and honors and fellowships received.)

Writing - Occasional articles on sporting & aviation subjects.
Honors - PHI BETA KAPPA (1948)

21. EDUCATION

A. Place "X" in column indicating highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

B. If you graduated from high school, give date: 1943

C. Name and location of last high school attended: Bath High School, Fairborn, Ohio

D. Name and location of college or university	Dates attended From	To	Years completed Day	Night	Credit hours Semester	Quarter	Degree received	Year received
The Ohio State Univ	1943	1943	2/3					
The Ohio State Univ	1945	1945	2/3		49	-		
University of Arizona	1945	1947	3		132		BA	1947

E. Chief undergraduate college subjects	Semester Hours Credit	Quarter Hours Credit	F. Chief graduate college subjects	Semester Hours Credit	Quarter Hours Credit
Spanish	35				
History & Poli Sci	26				

G. State major field of study at highest level of college work: Spanish

H. Other schools or training (for example, trade, vocational, Armed Forces, or business). Give for each the name and location of school, dates attended, subjects studied, certificates, and any other pertinent data.

Jan - May 1944, Camp Callan, Calif. Basic anti-aircraft schooling in fire control, specialization in anti-armor use of AA weapons

22. FOREIGN TRAVEL

Have you lived or traveled in any foreign countries? [X] Yes [ ] No

If "Yes," give in Item 33 names of countries, dates and length of time spent there and reason or purpose (military service, business, education, or vacation).

23. FOREIGN LANGUAGES

Enter foreign language and indicate your knowledge of each by placing "X" in proper column	Reading Exc.	Good	Fair	Speaking Exc.	Good	Fair	Understanding Exc.	Good	Fair	Writing Exc.	Good	Fair
Spanish	X			X			X			X		
Portuguese		X							X	X		
French			X									

24. REFERENCES

List three persons living in the United States or territories of the United States who are NOT RELATED TO YOU AND WHO HAVE DEFINITE KNOWLEDGE of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors listed under Item 19.

FULL NAME	PRESENT BUSINESS OR HOME ADDRESS (Number, Street, City, Zone, and State)	BUSINESS OR OCCUPATION
Robert C. Hill	Littleton, Vermont	Former Ambassador to Mexico
Norman Armour	825 5th Ave New York 21, N.Y.	Former Ambassador to Venezuela
Chester H. Kimrey	Beatus Estates Nogales, Arizona	Former Consul at Nogales

14-00000

DATES OF EMPLOYMENT (month, year)	EXACT TITLE OF YOUR POSITION

ANSWER ALL QUESTIONS BY PLACING "X" IN PROPER COLUMN	YES	NO
25. Are you a citizen of the United States of America? If "No," give country of which you are a citizen:	X	
26. Are you now, or have you ever been, a member of the Communist Party, U.S.A., the Communist Political Association, the Young Communist League, or any Communist organization?		X
27. Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group, or combination of persons which is totalitarian, Fascist, Communist, or subversive, or which has adopted, or shows, a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means?		X
If your answer to 26 and/or 27 above is "Yes," state on a separate sheet attached to and made a part of this application the names of all such organizations, associations, movements, groups or combination of persons and dates of membership. Give complete details of your activities therein and make any explanation you desire regarding your membership or activities. (See Instruction Sheet.)		
28. Have you any physical handicap, chronic disease, or other disability?		X
29. Have you ever had a nervous breakdown?		X
30. Have you ever had tuberculosis? *If your answer to 28, 29, or 30 above is "Yes," give details in Item 39.*		X
31. Have you ever been barred by the U.S. Civil Service Commission from taking examinations or accepting civil service appointment? *(If your answer is "Yes," give dates of and reasons for such debarment in Item 39.)*		X
32. Does the United States Government employ in a civilian capacity any relative of yours (by blood or marriage) with whom you live or have lived within the past 24 months? *If your answer is "Yes," give in Item 39 for EACH such relative (1) full name; (2) present address; (3) relationship; (4) department or agency by which employed, and (5) kind of appointment.*		X
33. Do you receive or have you applied for an annuity from the United States or District of Columbia Government under any retirement act or any pension or other compensation for military or naval service? *If your answer is "Yes," give details in Item 39.*		X
34. Are you an official or employee of any State, territory, county, or municipality? *If your answer is "Yes," give details in Item 39.*		X
35. Have you ever been discharged (fired) from employment for any reason?		X
36. Have you ever resigned (quit) after being informed that your employer intended to discharge (fire) you for any reason? *If your answer to 35 or 36 above is "Yes," give details in Item 39. Show the name and address of employer, approximate date, and reasons in each case. This information should agree with statements made in Item 19—Experience.*		X
37. Have you ever been arrested, taken into custody, held for investigation or questioning, or charged by any law enforcement authority? (You may omit: (1) Traffic violations for which you paid a fine of $30.00 or less, and (2) anything that happened before your 16th birthday. All other incidents must be included, even though they were dismissed or you merely forfeited collateral.)		X
38. While in the military service were you ever arrested for an offense which resulted in a trial by deck court or by summary, special, or general court martial? *If your answer to 37 or 38 is "Yes," give details in Item 39, showing for each incident. (1) date, (2) charge, (3) place, (4) law enforcing authority or type of court or court-martial, and (5) action taken.*		X

39. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS. Indicate item numbers to which answers apply.

Item No.		Item No.	
22	China - Reside w/parents 1931-34		Venezuela/Asst Att/1949-52
	Mexico - Travel since 45, vice consul & consul at Nogales 1956-59		Ecuador/Vice Consul/Guayaquil/1952-54 Visits to Colombia, Panama, Trinidad, Barbados, Brazil, Hawaii, Philippines Hong Kong

If more space is required, use full sheets of paper approximately the same size as this page. Write on each sheet your name, date of birth, and examination title. Attach on inside of this application.

ATTENTION: READ THE FOLLOWING PARAGRAPH CAREFULLY BEFORE SIGNING THIS APPLICATION

A false or dishonest answer to any question in this application may be grounds for rating you ineligible for Federal employment, or for dismissing you after appointment, and may be punishable by fine or imprisonment (U.S. Code, Title 18, Sec. 1001). All statements made in the application are subject to investigation, including a check of your fingerprints, police records, and former employers. All information will be considered in determining your present fitness for Federal employment.

CERTIFICATION

I CERTIFY that all of the statements made in this application are true, complete, and correct to the best of my knowledge and belief and are made in good faith.

Signature of applicant Robert Shaw (Sign in ink) Date 11 Jan 63

14-00000

FORM DS-1032
(Exception to SF 50 approved by CSC and B. of B. April 22, 1960

NOTIFICATION OF PERSONNEL ACTION

JOURNAL NUMBER 16

SERVICE - DEPARTMENT | F.S. X | DATE 05-25-61

NAME: MR. ROBERT T. SHAW
SHAW ROBERT T

539700 | NUMBER | E.O.D. DATE 05-28-52 | VET. PREF. I M V.

DATE OF BIRTH 06-18-25 | S.C.D. 04-28-48 | DATE APPT. AFFID. 05-28-52 | SOCIAL SECURITY NO. 268-28-0199 | LEGAL RESIDENCE BU VA | STATE OF BIRTH AI D.C. | MODE ENTRY FSO & STATUS PRIOR 20 20

2 MARRIED | CHILDREN 02 | ADULTS 1 | 1 | 009 | 25

THIS IS AN OFFICIAL NOTICE OF THE PERSONNEL ACTION DESCRIBED BELOW, WHICH AFFECTS YOUR EMPLOYMENT

17. NATURE OF ACTION: RESIGNATION FOR PERSONAL REASONS WITHOUT PREJUDICE COB

18. EFFECTIVE DATE OF ACTION (MONTH DAY YEAR): 05-12-61

19. N.A. CODE: 82

20. APPORTIONED POSITION: 1 - YES 2 - NO 3 - WAIVED

21. LEGAL AUTHORITY

FROM:

FOREIGN SERVICE RESERVE OFFICER

2333

FSR-04-44-$10,945-0-0000-000

DEPARTMENT GROUP I-C

22. POSITION TITLE | 23. FULL-STAFFING 2 (1-YES 2-NO) | 24. POSITION IS IN THE 1-COMPETITIVE 2-EXCEPTED SERVICE | 25. CODE PAY BASIS
26. OPL.-CONS. TITLE Z | 26A. TITLE CODE
27. PAYROLL CODE | 28. DATE ASSIGNED 7-26-59
29. SCHEDULE - SERIES - GRADE - SALARY - POSITION NUMBER
30. ORGANIZATION DESIGNATION OR POST | 31. POS. VACATED 1-REMOVE, 2-REMAINS
32. ORG. POST CODE 9-99-03 | 33. TENURE 0 L PT

34. CTGY. & CLASS | 35. MO. YR. GRADE 02-59 | 36. ALLOTMENT AQ -1A-7026 | 37. RETIREMENT 1 (1-CSC 4-FICA 2-FS 4-NONE) | 38. EXCEPTED SCHED. Z / F.S. REASON FOR TRANSFER | 39. PSI 12 | 40. CITY CODE | 41. FSR-FSS CATEGORY 5

42. DATE ASSIGNED | 43. CTGY. & CLASS | 44. F.S. SALARY $ | 45. MONTH AND YR. OF GRADE

TO:

22. POSITION TITLE | 23. FULL-STAFFING (1-YES 2-NO) | 24. POSITION IS IN THE 1-COMPETITIVE 2-EXCEPTED SERVICE | 25. CODE PAY BASIS
26. OPL.-CONS. TITLE | 26A. TITLE CODE
27. PAYROLL CODE | 28. DATE ASSIGNED
29. SCHEDULE - SERIES - GRADE - SALARY - POSITION NUMBER
30. ORGANIZATION DESIGNATIONS OR POST | 32. ORG. POST CODE | 33. TENURE

34. CTGY. & CLASS | 35. MO. YR. GRADE | 36. ALLOTMENT | 37. RETIREMENT (1-CSC 4-FICA 2-FS 4-NONE) | 38. EXCEPTED SCHED. F.S. REASON FOR TRANSFER | 39. PSI | 40. CITY CODE | 41. FSR-FSS CATEGORY

42. DATE ASSIGNED | 43. CTGY. & CLASS | 44. F.S. SALARY $ | 45. MONTH AND YR. OF GRADE

This action is subject to all applicable laws, rules and regulations and may be subject to investigation and approval by the United States Civil Service Commission or the Department. This action may be corrected or canceled if not in accordance with all requirements.
The grade of the position to which you are officially assigned may be reviewed and corrected by the Department or by the Civil Service Commission.

a. Subject to completion of 1 year probationary (or trial) period commencing

b. [illegible]

[illegible]

REASON - TO ACCEPT OTHER EMPLOYMENT.

NO LUMP SUM PAYMENT AUTHORIZED FOR LEAVE.

ADDRESS: C/O FOREIGN SERVICE MAIL ROOM,
WASHINGTON, D. C.

J. J. JOVA

SIGNATURE, [illegible] AND TITLE

Employing Department or Agency
DEPARTMENT OF STATE

ALL PERSONNEL FOLDERS ON AMERICAN EMPLOYEES ARE MAINTAINED IN OFFICE OF PERSONNEL - WASHINGTON 25, D. C.

PERSONNEL FOLDER

14-00000

FORM DS-1031 (Exception to SF-52 approved by CSC and B of B April 22, 1960)
DEPARTMENT OF STATE
REQUEST FOR PERSONNEL ACTION

Field	Entry
Request No	
Date of Request	04/21/61
Service	EX FS / DP
Routing	WF / LV / TRANS
1. Name	Mr. Robert T. SHAW
2. Empl. Number	539700
5. Date of Birth	06-18-25
6. S C D	04-28-45
7. Appt. Aff. Date	05-22-52
9. Legal Residence	VA
17. Nature of Action	Resignation for Personal Reasons Without Prejudice C.O.B.
18. Effective Date of Action	05-12-61
19. N A Code	S

FROM -

Field	Entry
22. Position Title	Foreign Service Reserve Officer
27. Payroll Code	2333
29. Schedule - Series - Grade - Salary - Position Number	FSR-04-44-$10,945-0-0000-000
30. Organization Designation or Post	Department - Group I-C
28. Date Assigned	05-12-61
32. Org-Post Code	9-99-03
33. Tenure	G L-FT
35. Mo Yr Grade	02-59
36. Allotment	AG-1A-7026
37. Retirement	1
39.	12
41. FSR-FSS Category	5

TO -

Field	Entry
22. Position Title	
29. Schedule - Series - Grade - Salary - Position Number	
30. Organization Designation or Post	

51. Requested by (Name & Title): EJRichey, Chief, POD/WES

52. Request Approved by (Signature & Title): JJJova, Chief, FER/POD

Ref: Letter of resignation dated 4/20/61 attached.

Reasons: XXXXXXX To accept other employment.

No travel requested

PER:POD:WES:bth

Robert T. Shaw

Resignation COB 5/12/61

No lump sum payment authorized for leave.

E. Kathryn Mallow

E. Kathryn Mallow, Chief
Leave and Retirement Section

Address:
c/o Foreign Service Mail Room,
Washington 25, D. C.

5333

SEPARATION DATA

RESIGNATION

14-00000

Washington, D.C.
April 20, 1961

The Honorable
The Secretary of State
Washington, D.C.

Dear Mr. Secretary:

It is with great regret that I submit my resignation from The Foreign Service to accept other employment.

I have enjoyed my years with the Service and the fine people comprising it and hope that at some future time I may be able to return to the Service.

Respectfully,

RTShaw

Robert T. Shaw
Foreign Service Reserve Officer

5-15-61

14-00000

A1950 SHAW ROBERT T FSR- 4 FROM 10175 TO 10965 PAY RAISE 65 [illegible] PL568

DEPARTMENT OF STATE

PAY ROLL CHANGE SLIP

DS-1042a
4-1555

POST	ORG. CODE	POSITION NO.	APPR. & ALLOT.	EFFECTIVE DATE	DATE OF LAST EQUIV. INCREASE
DEPARTMENT	9013		1A-7025	7-1-69	2-59

EMPLOYEE'S NAME	EMPLOYEE NO.	CATG. & CLASS SERV. & GRADE	NEW SALARY RATE	OLD SALARY RATE	
SHAW ROBERT T	A1950	FSR-4	$10,175	$ 9,900	[X] [illegible] 2133

LWOP DATA (Fill in applicable [illegible] following)

[illegible]

[ ] NO EXCESS LWOP — TOTAL EXCESS LWOP ____________
(Check appropriate box in case of excess LWOP)
[ ] IN PAY STATUS AT END OF WAITING PERIOD.
[ ] IN LWOP STATUS AT END OF WAITING PERIOD.

Initials of Clerk

[ ] Oil or Step-Increase ____________

[ ] Pay Adjustment

REMARKS

Performance rating is satisfactory or better

J. J. [illegible]
(Signature of other authorization)

[illegible] COPY

Form DS 1032
Exception to SF 50
Approved by the Bureau of the Budget
May 1951

DEPARTMENT OF STATE
WASHINGTON 25, D. C.

NOTIFICATION OF PERSONNEL ACTION

SERIES: [X] FS [ ] DEPT.

A1950

1. NAME (Mr.-Miss-Mrs.-One given name, initial(s) and surname)	2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE
Mr. Robert T. Shaw	6-18-25	FS-54	7-21-59

This is to notify you of the following action affecting your employment:

5. NATURE OF ACTION (Use standard terminology)	6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY
Transfer	7-26-59	

FROM:		TO:
Political Officer 1-1011-009 Consul	8. POSITION TITLE Diplomatic or Consular Title	Foreign Service Reserve Officer
FSR-4 $9900	9. SCHEDULE, SERIES NO., GRADE, SALARY	FSR-4 $9900
Nogales	10. ORGANIZATIONAL DESIGNATIONS Post	Department
	11. HEADQUARTERS	
[ ] FIELD [ ] DEPARTMENTAL [ ] Regular [ ] Resident [ ] Non-US	12. DS CATEGORY FS Category	[ ] FIELD [ ] DEPARTMENTAL [ ] Regular [ ] Resident [ ] Non-US

13. VETERAN'S PREFERENCE: NONE | 5-PT | 10-POINT (Disab. | Other)

14. POSITION CLASSIFICATION ACTION: NEW | VICE | T. A. | REAL.
Group I-c

15. SEX: M

16. APPROPRIATION: FROM OA-4011 TO OA-3025

17. RETIREMENT COVERAGE: [X] OSC [ ] FS [ ] FICA [ ] NONE

18. DATE OF APPOINTMENT AFFIDAVITS (Accessions Only)

19. LEGAL RESIDENCE: [ ] CLAIMED [ ] PROVED
STATE:

20. This action is subject to all applicable laws, rules and regulations and may be subject to investigation and approval by the United States Civil Service Commission or the Department.

W. W. STUART

ENTRANCE PERFORMANCE RATING

21. SIGNATURE OR OTHER AUTHENTICATION

PERSONNEL FOLDER

2.

14-00000

Form DS-1031 Exception to SF-52
Approved by the Bureau of the Budget
May 1954

DEPARTMENT OF STATE

REQUEST FOR PERSONNEL ACTION

ROUTING			SERVICE
1 WROS	4 T	8	XX
2 ARA	5 3	9	
3 AAB	6 TRANS	10	☐ DPTL
	7	11	

1. NAME (Mr.-Miss-Mrs.-One given name, initial (s), and surname)	2. DATE OF BIRTH	3. REQUEST NO.	4. DATE OF REQUEST
Mr. Robert T. SHAW	6-18-25		3-26-59

5. NATURE OF ACTION REQUESTED

A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)
Direct Transfer to the Department (DT-#11)

B. POSITION (Specify whether establish, change grade or title, etc.)

6. EFFECTIVE DATE — A PROPOSED: ~~TBR~~ — B APPROVED: 7-26-59

7. C.S. OR OTHER LEGAL AUTHORITY

FROM		TO
Political Officer 1-1011-009	8. POSITION TITLE AND NUMBER	Foreign Service Reserve Officer
Consul	Diplomatic or Consular Title	
FSR-4 $9900	9. SCHEDULE, SERIES NO., GRADE, SALARY	FSR-4 $9900
Nogales	10. ORGANIZATIONAL DESIGNATIONS — Post	Department
	11. HEADQUARTERS	
☐ FIELD ☐ DEPARTMENTAL ☐ REGULAR ☐ RESIDENT	12. DS CATEGORY — FSS Category	☐ FIELD ☐ DEPARTMENTAL ☐ REGULAR ☐ RESIDENT

DS-1032 Journalized
Date 7/20/9
By

13. VETERAN PREFERENCE: NONE / 5-PT. / 10-PT. DISAB / OTHER

14. FULL STAFFING ALLOTMENT: ☐ YES ☒ NO FROM: TO: DI

14A. POSITION CLASSIFICATION ACTION: ☐ NEW ☐ VICE ☐ I.A. ☐ REAL — Group I-e

15. SEX: M

16. APPROPRIATION — FROM: 9A-4011 — TO: 9A-3025

17. RETIREMENT COVERAGE: ☒ CSC ☐ FS ☐ FICA ☐ NONE

18. DATE OF APPOINTMENT AFFIDAVITS (Accessions only)

19. LEGAL RESIDENCE: ☐ CLAIMED ☐ PROVED STATE:

20. RESERVE STATUS: ☐ ACTIVE ☐ INACTIVE

21. MARITAL STATUS: ☒ MARRIED ☐ SINGLE ☐ WIDOWED ☐ WIDOW ☐ DIVORCED ☐ SEPARATED

22. REQUESTED BY (Name and title): TJudd, Chief, WROS

23. REQUEST APPROVED BY Signature and title: DPDowns, Asst. Chief, PER/POD

331

24. CLEARANCES	INITIAL OR SIGNATURE	DATE	CLEARANCES	INITIAL OR SIGNATURE	DATE
A.			D. REPLACEMENT OR EMPL		
B. CEIL. OF POS. CONTROL			E.		
C. CLASSIFICATION			F. APPROVED BY	AAE	3/31/59

REMARKS

REQUEST FOR TRAVEL AUTHORIZATION

EFFECT CLASS	ESTIMATED COST	PER/TC ENCUMBRANCE FUNDS AVAILABLE	NAMES OF DEPENDENTS AND DATES OF BIRTH OF CHILDREN UNDER 21	FROM	TO
		APPR.	W:Janet	Nogales	Washington, DC
		ALLOT.	D:Barbara 7/52	VIA	DETAILS ENROUTE
		OBLIG NO.	S:Richard 9/55	NO. LBS. EXCESS BAGGAGE AUTH	
		DATE	S:Thomas 9/55		
		SIGNATURE		SHIPMENT OF EFFECTS FROM: Nogales	TO: Washington, DC
TOTAL					
T.O. DATE		T.O. NO.			

REMARKS Authorize travel and full shipment of effects as indicated.

ETD 5/30
EOD 7/15/59

PER:POD:WROS:ma

T&CM

DT

14-00000

Form DS-1032
Exception to SF-50
Approved by the
Bureau of the Budget
May 1954

DEPARTMENT OF STATE
WASHINGTON 25, D. C.

NOTIFICATION OF PERSONNEL ACTION

SERVICE: ☒ FS ☐ DPTL

A1950

1. NAME (Mr.-Miss-Mrs.-One given name, initial(s) and surname)	2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE
Mr. Robert T. Shaw	6-18-25	FS -107	2-19-59

This is to notify you of the following action affecting your employment:

5. NATURE OF ACTION (Use standard terminology)	6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY
Promotion	2-22-59	

FROM:		TO:
	8. POSITION TITLE	Political Officer
	Diplomatic or Consular Title	Consul
FSR-5 $8965	9. SCHEDULE, SERIES NO., GRADE, SALARY	FSR-4 $9900
	10. ORGANIZATIONAL DESIGNATIONS *Post*	Nogales
	11. HEADQUARTERS	
☐ FIELD ☐ DEPARTMENTAL ☐ *Regular* ☐ *Resident* ☐ *Non-US*	12. DS CATEGORY *FS Category*	☐ FIELD ☐ DEPARTMENTAL ☐ *Regular* ☐ *Resident* ☐ *Non-US*

13. VETERAN'S PREFERENCE: NONE | 5-PT | 10-POINT (Disab. | Other)

14. POSITION CLASSIFICATION ACTION: NEW | VICE | I. A. | REAL.

15. SEX	16. APPROPRIATION	17. RETIREMENT COVERAGE	18. DATE OF APPOINTMENT AFFIDAVITS (*Accessions Only*)	19. LEGAL RESIDENCE
M	FROM TO 9A-4011	CSC ☐ FS ☐ FICA ☐ NONE		☐ CLAIMED ☐ PROVED STATE:

20. This action is subject to all applicable laws, rules and regulations and may be subject to investigation and approval by the United States Civil Service Commission or the Department.

ENTRANCE PERFORMANCE RATING

21. SIGNATURE OR OTHER AUTHENTICATION

2. PERSONNEL FOLDER

14-00000

Form DS-1031 Exception to SF-52
Approved by the Bureau of the Budget
May 1954

DEPARTMENT OF STATE

REQUEST FOR PERSONNEL ACTION

ROUTING			SERVICE
1 WROS	4	8	XX
2 ARA	5	9	
3 AAB	6 TRANS	10	☐ OPTL
	7	11	

1. NAME (Mr.-Miss-Mrs.-One given name, initial (s), and surname): Mr. Robert T. SHAW
2. DATE OF BIRTH: 6-18-25
3. REQUEST NO.:
4. DATE OF REQUEST: 3-26-59

5. NATURE OF ACTION REQUESTED
A. PERSONNEL (Specify whether appointment, promotion, separation, etc.): Direct Transfer to the Department (DT-#11)
B. POSITION (Specify whether establish, change grade or title, etc.)

6. EFFECTIVE DATE
A. PROPOSED: ~~TBR~~
B. APPROVED: 7-26-59

7. C.S. OR OTHER LEGAL AUTHORITY

FROM		TO
Political Officer 1-1011-009 Consul	8. POSITION TITLE AND NUMBER — Diplomatic or Consular Title	Foreign Service Reserve Officer
FSR-4 $9900	9. SCHEDULE, SERIES NO., GRADE, SALARY	FSR-4 $9900
Nogales	10. ORGANIZATIONAL DESIGNATIONS — Post	Department
	11. HEADQUARTERS	
☐ FIELD ☐ DEPARTMENTAL ☐ REGULAR ☐ RESIDENT	12. OS CATEGORY — FSS Category	☐ FIELD ☐ DEPARTMENTAL ☐ REGULAR ☐ RESIDENT

DS-1032 Journalized
Date 7/20/9
By M. M.

13. VETERAN PREFERENCE: NONE / 5-PT. / 10-PT. DISAB. / OTHER
14. FULL STAFFING ALLOTMENT: ☐ YES ☒ NO FROM: TO:
14A. POSITION CLASSIFICATION ACTION: ☐ NEW ☐ VICE ☐ I.A. ☐ REAL — Group I-c

15. SEX: M
16. APPROPRIATION FROM: 9A-4011 TO: 9A-3025
17. RETIREMENT COVERAGE: ☒ CSC ☐ FS ☐ FICA ☐ NONE
18. DATE OF APPOINTMENT AFFIDAVITS (Accessions only)
19. LEGAL RESIDENCE: ☐ CLAIMED ☐ PROVED STATE:

20. RESERVE STATUS: ☐ ACTIVE ☐ INACTIVE
21. MARITAL STATUS: ☒ MARRIED ☐ SINGLE ☐ WIDOWED ☐ WIDOW ☐ DIVORCED ☐ SEPARATED

22. REQUESTED BY (Name and title): TJudd, Chief, WROS — T M Judd
23. REQUEST APPROVED BY Signature and title: DPDowns, Asst. Chief, PER/POD

331

24. CLEARANCES	INITIAL OR SIGNATURE	DATE	CLEARANCES	INITIAL OR SIGNATURE	DATE
A.			D. REPLACEMENT OR EMPL.		
B. CEIL. OR POS. CONTROL			E.		
C. CLASSIFICATION			F. APPROVED BY	AAB	3/31/59

REMARKS

REQUEST FOR TRAVEL AUTHORIZATION

OBJECT CLASS	ESTIMATED COST	PER/TC ENCUMBRANCE FUNDS AVAILABLE		NAMES OF DEPENDENTS AND DATES OF BIRTH OF CHILDREN UNDER 21
		APPR.		W:Janet
		ALLOT.		D:Barbara 7/52
		OBLIG. NO.		S:Richard 9/55
		DATE		S:Thomas 9/55
		SIGNATURE		
TOTAL				
T. O. DATE		T. O. NO.		

FROM: Nogales — TO: Washington, DC
VIA:
DETAILS ENROUTE:
NO. LBS. EXCESS BAGGAGE AUTH.:
SHIPMENT OF EFFECTS FROM: Nogales TO: Washington, DC

REMARKS Authorize travel and full shipment of effects as indicated.

ETD 5/30
EOD

PER:POD:WROS:mm

THM

74

Form DS-1032
Exception to SF-50
Approved by the
Bureau of the Budget
May 1954

DEPARTMENT OF STATE
WASHINGTON 25, D. C.

NOTIFICATION OF PERSONNEL ACTION

SERVICE: ☒ FS ☐ DPTL

A1950

1. NAME (Mr.-Miss-Mrs.-One given name, initial(s) and surname)	2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE
Mr. Robert T. Shaw	6-18-25	FS -107	2-19-59

This is to notify you of the following action affecting your employment:

5. NATURE OF ACTION (Use standard terminology)	6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY
Promotion	2-22-59	

FROM:		TO:
	8. POSITION TITLE	Political Officer
	Diplomatic or Consular Title	Consul
FSR-5 $8965	9. SCHEDULE, SERIES NO., GRADE, SALARY	FSR-4 $9900
	10. ORGANIZATIONAL DESIGNATIONS Post	Nogales
	11. HEADQUARTERS	
☐ FIELD ☐ DEPARTMENTAL ☐ Regular ☐ Resident ☐ Non-US	12. DS CATEGORY FS Category	☐ FIELD ☐ DEPARTMENTAL ☐ Regular ☐ Resident ☐ Non-US

13. VETERAN'S PREFERENCE: NONE	5-PT	10-POINT Disab.	10-POINT Other	14. POSITION CLASSIFICATION ACTION: NEW	VICE	T. A.	REAL.

15. SEX	16. APPROPRIATION	17. RETIREMENT COVERAGE	18. DATE OF APPOINTMENT AFFIDAVITS (Accessions Only)	19. LEGAL RESIDENCE
M	FROM: TO: 9A-4011	☒ CSR ☐ FS ☐ FICA ☐ NONE		☐ CLAIMED ☐ PROVED STATE:

20. This action is subject to all applicable laws, rules and regulations and may be subject to investigation and approval by the United States Civil Service Commission or the Department

W.W. STUART

EMPLOYEE PERFORMANCE RATING

SIGNATURE OR OTHER AUTHENTICATION

2. PERSONNEL FOLDER

DEPARTMENT OF STATE

NOGALES — AL 250 — Organization Code — Pay Roll Period — Block No. — Slip No.

Employee's Name: SHAW ROBERT T — Grade and Salary: FSR 5 8965 — Prepared — Audited by

PAY ROLL CHANGE DATA

	A. Base Non-Fica	C. Prem. Non-Fica	B. Base Fica	D. Prem. Fica	F. C.S.R.	U. F.S.R.	Y. F.S.V.	G. Fed. Tax	BOND H. Ded. J. Ref	P. State Tax	E. Fica	V. Other	S. Life Insurance	Net Pay
P. N.														
N. N.														
P. T. P.														
App														
All														

REMARKS:

☐ Periodic step-increase ☐ Pay adjustment ☐ Other step-increase

Effective date	Date last equivalent increase	Old salary rate	New salary rate	Performance rating is satisfactory or better
7-1-58	7-57	8690	8965	W.W. STUART (Signature of authorized official)

LWOP data (Fill in appropriate spaces covering LWOP during following periods):
Period(s):

☒ No excess LWOP. Total excess LWOP ______

(Check applicable box in case of excess LWOP)
☐ In pay status at end of waiting period.
☐ In LWOP status at end of waiting period.

______ Initials of Clerk

DS—1042a
Form approved by Comp. Gen., U.S., June 29, 1954

PAY ROLL CHANGE SLIP—PERSONNEL COPY

SHAW ROBERT T FSR 5 FROM 7900 TO 8690
PAY RAISE 85TH CONGRESS PL-462

14-00000

STANDARD FORM NO 61a
REVISED MARCH 1956
APPROVED BY
COMP. GEN. U.S.
FEB 10, 1956
U.S. CIVIL SERVICE COMMISSION
F.P.M. CHAPTER A6

CIVIL OFFICER APPOINTMENT AFFIDAVITS

(As defined in 5 USC 21a and 21b)

I, Robert Tyler Shaw (Name in full) ~~(Arizona)~~ Virginia (State)

do solemnly swear (or affirm) that

A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter, SO HELP ME GOD.

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

I am not a Communist or Fascist. I do not advocate nor am I knowingly a member of any organization that advocates the overthrow of the constitutional form of the Government of the United States, or which seeks by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) that I will not so advocate, nor will I knowingly become a member of such organization during the period that I am an employee of the Federal Government or any agency thereof.

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not participating in any strike against the Government of the United States or any agency thereof, and I will not so participate while an employee of the Government of the United States or any agency thereof. I do not and will not assert the right to strike against the Government of the United States or any agency thereof while an employee of the Government of the United States or any agency thereof. I do further swear (or affirm) that I am not knowingly a member of an organization of Government employees that asserts the right to strike against the Government of the United States or any agency thereof and I will not, while an employee of the Government of the United States or any agency thereof, knowingly become a member of such an organization.

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing such appointment.

Robert Tyler Shaw (Type name of appointee) — [signature] (Signature of appointee)

Subscribed and sworn before me this 19th day of August, A. D. 1957,

at Nogales, Sonora, Mexico (City) (State)

Service No. 22863
Item No. 58
Fee: Nil
[SEAL]

[signature] (Signature of officer)
Chester H. Kinrey
American Consul
Consul of The United States of America

Department of State (Department or agency) — Foreign Service of the U.S., Nogales, Sonora, Mexico (Bureau or division) (Place of employment)

Consul of the United States of America (Position to which appointed) — August 5, 1957 (Date of entrance on duty)

NOTE.—If the oath is taken before a Notary Public, the date of expiration of his commission should be shown.

Form DS-1032
Exception to SF-50
Approved by the Bureau of the Budget
May 1954

DEPARTMENT OF STATE
WASHINGTON 25, D. C.

NOTIFICATION OF PERSONNEL ACTION

SERVICE: [X] FS [ ] DPTL

1. NAME (Mr.-Miss-Mrs.-One given name, initial(s) and surname)	2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE
Mr. Robert T. Shaw	6-18-95	FS -49	8-12-57

This is to notify you of the following action affecting your employment:

5. NATURE OF ACTION (Use standard terminology)	6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY
Change of Consular Title	8-5-57	

FROM:		TO:
Political Officer	8. POSITION TITLE	Political Officer
Vice Consul	Diplomatic or Consular Title	Consul
	9. SCHEDULE, SERIES NO., GRADE, SALARY	FSR-5 $7900 8965
	10. ORGANIZATIONAL DESIGNATIONS Post	Nogales
	11. HEADQUARTERS	
[ ] FIELD [ ] DEPARTMENTAL [X] Regular [ ] Resident [ ] Non-US	12. DS CATEGORY FS Category	[ ] FIELD [ ] DEPARTMENTAL [ ] Regular [ ] Resident [ ] Non-US

13. VETERAN'S PREFERENCE: NONE | 5-PT. | 10-POINT (Disab. | Other)

14. POSITION CLASSIFICATION ACTION: NEW | VICE | L.A. | REAL. — 1-1011-009

15. SEX: M

16. APPROPRIATION: FROM — TO 8A-8011

17. RETIREMENT CSC: [X] CSC [ ] FS [ ] FICA [ ] None

18. DATE OF APPOINTMENT AFFIDAVITS (Accessions Only)

19. LEGAL RESIDENCE: [ ] Claimed [ ] Proved — STATE Va.

20. This action is subject to all applicable laws, rules and regulations and may be subject to investigation and approval by the United States Civil Service Commission or the Department.

Nominated: 7-3-57
Confirmed: 8-5-57
Attested : 8-5-57

Execute SF-61a as Consul of the USA in accordance with 1 FSM-IV 134.

L. L. COWLES

EMPLOYEE PERSONNEL COPY

1 PERSONNEL FOLDER

14-00000

Form DS-1031 Exception to SF-52
Approved by the Bureau of the Budget
May 1954

DEPARTMENT OF

REQUEST FOR PERSONNEL ACTION

ROUTING

SERVICE

1. NAME (Mr.-Miss-Mrs. One given name, initial(s), and surname): Mr. Robert T. SHAW
2. DATE OF BIRTH: 6-13-25
3. REQUEST NO.:
4. DATE OF REQUEST: 5-29-57

5. NATURE OF ACTION REQUESTED:
A. PERSONNEL (Specify whether appointment, promotion, separation, etc.): ~~Granting of Consular Commission~~
B. POSITION (Specify whether establish, change grade or title, etc.)

6. EFFECTIVE DATE
A. PROPOSED:
B. APPROVED: 8-5-57

7. C.S. OR OTHER LEGAL AUTHORITY

	FROM—		TO—
8. POSITION TITLE AND NUMBER (Diplomatic or Consular Title)	Political Officer Vice Consul		Political Officer Consul
9. SCHEDULE, SERIES NO., GRADE, SALARY	FSR-5 ~~$7650~~ $7900		FSR-5 ~~$7650~~ 7900
10. ORGANIZATIONAL DESIGNATIONS (Post)	Nogales		Nogales
11. HEADQUARTERS			
12. DS CATEGORY (FSS Category)	☐ FIELD ☐ DEPARTMENTAL ☐ REGULAR ☐ RESIDENT		☐ FIELD ☐ DEPARTMENTAL ☐ REGULAR ☐ RESIDENT

13. VETERAN PREFERENCE: NONE | 5-PT | 10-PT DISAB / OTHER

14. POSITION CLASSIFICATION ACTION: NEW | VICE | I. A. | REAL — NO 1-1011-009

15. SEX

16. APPROPRIATION: FROM: TO: 8A-3011

17. RETIREMENT COVERAGE: ☐ CSC ☐ FS ☐ FICA ☐ NONE

18. DATE OF APPOINTMENT AFFIDAVITS (Accessions only)

19. LEGAL RESIDENCE: ☐ CLAIMED ☐ PROVED STATE: Va

20. RESERVE STATUS: ☐ ACTIVE ☐ INACTIVE

21. MARITAL STATUS: ☐ MARRIED ☐ SINGLE ☐ WIDOWED ☐ WIDOW ☐ DIVORCED ☐ SEPARATED

22. REQUESTED BY (Name and title): Paul L. [illegible] PLGuest:Reg.Oper.Off.ARA

23. REQUEST APPROVED BY (Signature and title): S. K. Lafoon SKLafoon:Asst.Chief,PER:POD

24. CLEARANCES	INITIAL OR SIGNATURE	DATE	CLEARANCES	INITIAL OR SIGNATURE	DATE
A.			D. PLACEMENT OR EMPL.		
B. CEIL. OR POS. CONTROL			E. [illegible]	[illegible]	6/5/57
C. CLASSIFICATION			F. APPROVED BY		

REMARKS:

[illegible]

Nominated 7-3-57
Confirmed 7-2-57
Attested 8-5-57

Appointment by the President and Consul of the USA 8-5-57 [illegible]
FSM-TL 124.

REQUEST FOR TRAVEL AUTHORIZATION

[illegible]

14-00000

Department of State		Organization Code	Pay Roll Period	Block No.	Slip No.
NOGALES	8,886				

Employee's Name		Grade and Salary	Prepared by	Audited by
ROBERT T. SHAW	89918	FSR-5 $7,900		

PAY ROLL CHANGE DATA

	A Base Non-Fee	C Prem. Non-Fee	B Base Fee	D Prem. Fee	CSR	FSR	FSV	G Tax	Hosp. Ins. & Fed.	State Tax	Fica	Other	Life Insurance	Net Pay
P.N.														
N.N.														
P.T.P.														
App														
All														

REMARKS:

D-P PUNCHED

☒ Periodic step-increase ☐ Pay adjustment ☐ Other step-increase

Effective date	Date last equivalent	Old salary rate	New salary rate	Performance rating satisfactory or better
7/21/57	5/27/56	$7,650	$7,900	L.L. COMLES

(Signature or other authentication)

LWOP data (Fill in appropriate spaces covering LWOP during following periods).
Period (s):

☐ No excess LWOP Total excess LWOP

(Check applicable box in case of excess LWOP).
☐ In pay status at end of waiting period.
☐ In LWOP status at end of waiting period. ____ Initials of Clerk.

DS-1042
Form approved by Comp. Gen., U.S., June 29, 1951

PAY ROLL CHANGE SLIP - EMPLOYEE'S COPY

SALARY ADJ EFF 7-28-56 PL828 CA 1166 9-7-56
SHAW ROBERT T FSR 4 7490 FSR 5 7650

STANDARD FORM 61
BUREAU OF THE BUDGET
FORM APPROVED BY THE COMP. GEN. U.S.
JUNE 15 1950
U.S. CIVIL SERVICE COMMISSION
F.P.M. CHAPTER A6

CIVIL OFFICER APPOINTMENT AFFIDAVITS

(As defined in 5 USC 21a and 21b)

RECEIVED

I, ROBERT TYLER SHAW (Name in full) WASHINGTON D.C. (State)

1956 AUG 21 AM 10 25

do solemnly swear (or affirm) that

PERSONNEL FILES

A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter, SO HELP ME GOD.

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

I am not a Communist or a Fascist. I do not advocate nor am I a member of any organization that advocates the overthrow of the Government of the United States by force or violence or other unconstitutional means, or seeking by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) I will not so advocate, nor will I become a member of such organization during the period that I am an employee of the Federal Government.

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not engaged in any strike against the Government of the United States and that I will not so engage while an employee of the Government of the United States; that I am not a member of an organization of Government employees that asserts the right to strike against the Government of the United States, and that I will not, while a Government employee, become a member of such an organization.

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing such appointment.

Robert Tyler Shaw (Type name of appointee) — RTShaw (Signature of appointee)

Subscribed and sworn before me this 14th day of August A. D. 1956,

at Nogales, Sonora, Mexico (City) (State)

Chester H. Kinney (Signature of officer)

[SEAL]

Service No. 7952
Item 38, No Fee Prescribed.

Chester H. Kinrey
Consul of the United States of America (Title)

Department of State (Department or agency) — Foreign Service (Bureau or division) — Nogales, Sonora, Mexico (Place of employment)

Vice Consul (Position to which appointed) — July 21, 1956 (Date of entrance on duty)

NOTE.—If the oath is taken before a Notary Public the date of expiration of his commission should be shown.

14-00000

Form DS-1032
Exception to SF-50
Approved by the
Bureau of the Budget
May 1954

DEPARTMENT OF STATE
WASHINGTON 25, D. C.

NOTIFICATION OF PERSONNEL ACTION

SERVICE: ☒ FS ☐ DPTL

1. NAME (Mr.-Miss-Mrs.-One given name, initial(s) and surname)	2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE
Mr. Robert T. Shaw	6-13-25	FS 148	7-27-56

This is to notify you of the following action affecting your employment:

5. NATURE OF ACTION (Use standard terminology)	6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY
Granting of Consular Title	7-21-56	

FROM:		TO:
Political Officer	8. POSITION TITLE	Political Officer
	Diplomatic or Consular Title	Vice Consul
	9. SCHEDULE, SERIES NO., GRADE, SALARY	FSR-4 $7,490
	10. ORGANIZATIONAL DESIGNATIONS — Post	Nogales
	11. HEADQUARTERS	
☐ FIELD ☐ DEPARTMENTAL	12. DS CATEGORY	☐ FIELD ☐ DEPARTMENTAL
☐ Regular ☐ Resident ☐ Non-US	FS Category	☒ Regular ☐ Resident ☐ Non-US

13. VETERAN'S PREFERENCE

NONE	5-PT	10-POINT Disab.	10-POINT Other
	X		

14. POSITION CLASSIFICATION ACTION

NEW	VICE	I. A.	REAL.	
X				1-1011-009

15. SEX	16. APPROPRIATION	17. RETIREMENT COVERAGE	18. DATE OF APPOINTMENT AFFIDAVITS (Accessions Only)	19. LEGAL RESIDENCE
M	FROM 7A-3011	☐ CSC ☐ FS ☐ NONE — CSC		☐ CLAIMED ☐ PROVED STATE: Va

20. This action is subject to all applicable laws, rules and regulations and may be subject to investigation and approval by the United States Civil Service Commission or the Department.

Nominated: 7-17-56.
Confirmed: 7-21-56.
Attested : 7-21-56.

Execute SF-61a in accordance with 1 FSM IV 124 as Vice Consul of the USA.

PERSONNEL FILES AUG 2 AM 10 53 OFFICE OF PERSONNEL RECEIVED

ENTRANCE PERFORMANCE RATING

21. SIGNATURE OR OTHER AUTHENTICATION

2. PERSONNEL FOLDER

U.S.G.P.O. 1955 334784

14-00000

Form DS-1032 Exemption to SF 52
Approved by the Bureau of the Budget
May 1954

DEPARTMENT OF STATE

REQUEST FOR PERSONNEL ACTION

PER/EM 4/27
ARA 4/30
PER-Green 5/1
AAB 5-31
TRANS
SERVICE: XXX ☐ DPTL

1. NAME (Mr.-Miss-Mrs.) (one given name, initial(s), and surname): Mr. Robert T. SHAW
2. DATE OF BIRTH: 6-18-25
3. REQUEST NO.:
4. DATE OF REQUEST: 4-27-56 / 7-56

5. NATURE OF ACTION REQUESTED:
A. PERSONNEL (Specify whether appointment, promotion, separation, etc.): Granting of Consular Title
B. POSITION (Specify whether establish, change grade or title, etc.):

6. EFFECTIVE DATE
A. PROPOSED: ASAP
B. APPROVED: 7-21-56

7. C.S. OR OTHER LEGAL AUTHORITY

	FROM—		TO—
8. POSITION TITLE AND NUMBER	Political Officer (~~Vice Consul when confirmed~~)	Diplomatic or Consular Title	Political Officer / Vice Consul ✓ approved as an exception 5/1/56
9. SCHEDULE, SERIES NO., GRADE, SALARY			FSR-4 $7490
10. ORGANIZATIONAL DESIGNATIONS		Post	
11. HEADQUARTERS			Nogales
12. DS CATEGORY	☐ FIELD ☐ DEPARTMENTAL ☐ REGULAR ☐ RESIDENT	FSS Category	☐ FIELD ☐ DEPARTMENTAL XX REGULAR ☐ RESIDENT

DS-1032 Journalized
Date 7-22-56
By [signature]

13. VETERAN PREFERENCE: Yes
14. POSITION CLASSIFICATION ACTION: NEW X — NO 1-1011-009
15. SEX: M
16. APPROPRIATION FROM: TO: 7A-3013
17. RETIREMENT COVERAGE: XX CIC ☐ FS ☐ FICA ☐ NONE
18. DATE OF APPOINTMENT AFFIDAVITS (Accessions only)
19. LEGAL RESIDENCE ☐ CLAIMED ☐ PROVED STATE: Va.
20. RESERVE STATUS: None ☐ ACTIVE ☐ INACTIVE
21. MARITAL STATUS: XX MARRIED ☐ SINGLE ☐ WIDOWED ☐ WIDOW ☐ DIVORCED ☐ SEPARATED
22. REQUESTED BY (Name and title): Keillier, Actg. Pers. Officer, ARA [signature]
23. REQUEST APPROVED BY Signature and title: Charles W. Bass — PER/EM Charles W. Bass

24. CLEARANCES — INITIAL OR SIGNATURE — DATE
A.
B. CEIL. OR POS. CONTROL
C. CLASSIFICATION
D. PLACEMENT OR EMPL.
E.
F. APPROVED BY: [signature] 5-3-56 — PER/TX MBGreen 5/1/56

REMARKS: 7-17-56; 7-21-56; 7-21-56
Execute SF-61 in accordance with FSM-IV 124 as Vice Consul of the USA.
Presidential Commission Necessary.

REQUEST FOR TRAVEL AUTHORIZATION

SUBJECT CLASS	EST. RATE & COST	PER IC ENCUMBRANCE FUNDS AVAILABLE	NAMES OF DEPENDENTS AND DATES OF BIRTH OF CHILDREN UNDER 21	FROM
		APPR.		VIA
		ALLOT		
		OBLIG. NO.		NO. LBS EXCESS BAGGAGE AUTH.
		DATE		
		SIGNATURE		SHIPMENT OF EFFECTS
TOTAL				FROM:
T. O. DATE		T. O. NO.		TO:

PERSONNEL FILES
MAY 10 1956
OFFICE OF PERSONNEL RECEIVED

REMARKS

No travel involved.

STANDARD FORM 61a
BUREAU OF THE BUDGET
FORM APPROVED BY THE COMP GEN., U.S.
JUNE 15, 1951
U.S. CIVIL SERVICE COMMISSION
F.P.M. CHAPTER A8

CIVIL OFFICER APPOINTMENT AFFIDAVITS

(As defined in 5 USC 21a and 21b)

I, Robert T. Shaw, (Name in full) Virginia (State)

do solemnly swear (or affirm) that

A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter, SO HELP ME GOD.

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

I am not a Communist or a Fascist. I do not advocate nor am I a member of any organization that advocates the overthrow of the Government of the United States by force or violence or other unconstitutional means, or seeking by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) I will not so advocate, nor will I become a member of such organization during the period that I am an employee of the Federal Government.

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not engaged in any strike against the Government of the United States and that I will not so engage while an employee of the Government of the United States; that I am not a member of an organization of Government employees that asserts the right to strike against the Government of the United States, and that I will not, while a Government employee, become a member of such an organization.

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing such appointment.

Robert T. Shaw (Typed name of appointee) — R.T. Shaw (Signature of appointee)

Subscribed and sworn before me this 17th day of May, A. D. 19 56,

at Washington, (City) D.C. (State)

Chas C. Fuller (Signature of officer)

[SEAL]

Sec. 206, Act June 26, 1943 (Title)

Department of State (Department or agency) — Foreign Service (Bureau or division) — Washington, D.C. (Place of employment)

Political Officer, Foreign Service Reserve Officer of Class-4 (Position to which appointed) — May 17, 1956 (Date of entrance on duty)

NOTE.—If the oath is taken before a Notary Public, the date of expiration of his commission should be shown.

U.S. GOVERNMENT PRINTING OFFICE

14-00000

Form DS-1032
Exception to SF-50
Approved by the Bureau of the Budget
May 1956

DEPARTMENT OF STATE
WASHINGTON 25, D. C.

NOTIFICATION OF PERSONNEL ACTION

SERVICE: [X] FS [ ] DPTL

1. NAME (Mr.-Miss-Mrs.-One given name, initial(s) and surname)	2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE
Mr. Robert T. Shaw	6-18-25	FSA 9	5-3-56

This is to notify you of the following action affecting your employment:

5. NATURE OF ACTION (Use standard terminology)	6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY
Limited Appointment	5/17/56	Section 522.1 PL 724 - 79th

FROM:		TO:
	8. POSITION TITLE	Political Officer
	Diplomatic or Consular Title	
	9. SCHEDULE, SERIES NO., GRADE, SALARY	FSR-4 $7490
	10. ORGANIZATIONAL DESIGNATIONS / Post	Nogales
	11. HEADQUARTERS	
[ ] FIELD [ ] DEPARTMENTAL / [ ] Regular [ ] Resident [ ] Non-US	12. DS CATEGORY / FS Category	[ ] FIELD [ ] DEPARTMENTAL / [ ] Regular [ ] Resident [ ] Non-US

13. VETERAN'S PREFERENCE: NONE	5-PT	10-POINT Disab.	10-POINT Other	14. POSITION CLASSIFICATION ACTION: NEW	VICE	I. A.	REAL	
	X							1-1011-009

15. SEX	16. APPROPRIATION	17. RETIREMENT COVERAGE	18. DATE OF APPOINTMENT AFFIDAVITS (Accessions Only)	19. LEGAL RESIDENCE
M	FROM / TO 6A-8011	[X] CSC [ ] FS [ ] FICA [ ] NONE	5/17/56	[ ] CLAIMED [ ] PROVED STATE: Va.

20. This action is subject to all applicable laws, rules and regulations and may be subject to investigation and approval by the United States Civil Service Commission or the Department.

Execute SF-61a

Marital status - Married - Three

Reserve status - None

ENTRANCE PERFORMANCE RATING

21. SIGNATURE OR OTHER AUTHENTICATION

2. PERSONNEL FOLDER

G P O : 1956--33429

14-00000

Form DS-1031 Exception to SF-52
Approved by the Bureau of the Budget
May 1954

DEPARTMENT of STATE

REQUEST FOR PERSONNEL ACTION

PER/EM 4/27 — AAB 5-3
ARA 4/30 5/1 — TRANS
PER-Green

SERVICE: XX FS. ☐ DPTL

1. NAME: Mr. Robert T. SHAW
2. DATE OF BIRTH: 6-18-25
3. REQUEST NO.:
4. DATE OF REQUEST: 4-27-56

5. NATURE OF ACTION REQUESTED:
A. PERSONNEL (Specify whether appointment, promotion, separation, etc.): Limited Appointment Section 522.1
B. POSITION (Specify whether establish, change grade or title, etc.)

6. EFFECTIVE DATE: A. PROPOSED: ASAP B. APPROVED:
7. C.S. OR OTHER LEGAL AUTHORITY:

	FROM		TO
8. POSITION TITLE AND NUMBER (Diplomatic or Consular Title)			Political Officer *(Vice Consul when confirmed)
9. SCHEDULE, SERIES NO., GRADE, SALARY			FSR-4 $7490 Approved as an exception - 5/1/56 - [signature]
10. ORGANIZATIONAL DESIGNATIONS (Post)			NOGALES
11. HEADQUARTERS	☐ FIELD ☐ DEPARTMENTAL		☐ FIELD ☐ DEPARTMENTAL
12. DS CATEGORY (FSS Category)	☐ REGULAR ☐ RESIDENT		☐ REGULAR ☐ RESIDENT

13. VETERAN PREFERENCE: Yes
14. POSITION CLASSIFICATION ACTION: NEW X — NO 1-1011-009
15. SEX: M
16. APPROPRIATION: FROM: TO: 6A-8011
17. RETIREMENT COVERAGE: XX CSC
18. DATE OF APPOINTMENT AFFIDAVITS (Accessions only)
19. LEGAL RESIDENCE: STATE: Va.
20. RESERVE STATUS: None
21. MARITAL STATUS: X MARRIED
22. REQUESTED BY (Signature and title): R S Miller Acting Reg Pers Off
23. REQUEST APPROVED BY (Signature and title): PER/EM Charles W. Bass — Charles W Bass

24. CLEARANCES	INITIAL OR SIGNATURE	DATE	CLEARANCES	INITIAL OR SIGNATURE	DATE
A.			D. PLACEMENT OR EMPL.		
B. CEIL. OR POS. CONTROL			E. PER/TR	M.B. Green	5/1/56
C. CLASSIFICATION	D Wesloski	5/1/56	F. APPROVED BY	[initials] 5-1-56	

REMARKS:

* See separate DS-1031 for Commissioning for Vice Consul

REQUEST FOR TRAVEL AUTHORIZATION

OBJECT CLASS	ESTIMATED COST	PER TC ENCUMBRANCE FUNDS AVAILABLE	NAMES OF DEPENDENTS AND DATES OF BIRTH OF CHILDREN UNDER 21	FROM	TO
		APPR.	W-Janet L.	Arlington, Va.	Nogales
		ALLOT.	D-Barbara L.	VIA	DETAILS ENROUTE
		OBLIG. NO.	7-27-52	NO. LBS. EXCESS BAGGAGE AUTH.	
		DATE	S-Richard W.		
		SIGNATURE	9-10-55	SHIPMENT OF EFFECTS	
TOTAL			S-Thomas R.	FROM: Arlington, Va.	
T. O. DATE		T. O. NO.	9-10-55	TO: Nogales	

REMARKS

Authorize travel of appointee and dependents from Arlington, Va. to Nogales, Mexico.

14-00000

STANDARD FORM 144
REVISED SEPTEMBER 1956
U.S. CIVIL SERVICE COMMISSION
FPM CHAPTERS L1, R1, AND S1

STATEMENT OF PRIOR FEDERAL CIVILIAN AND MILITARY SERVICE AND DETERMINATION OF COMPETITIVE STATUS

IMPORTANT: The information on this form will be used (1) in determining creditable service for leave purposes and retention credits for reduction in force, and (2) in recording agency determination of competitive status. The employee should complete Part I and the Personnel Office should complete Parts II through V.

PART I.—EMPLOYEE'S STATEMENT

1. NAME (Last, first, middle initial): Shaw, Robert T.

2. DATE OF BIRTH: 6/18/25

3. LIST THE FOLLOWING INFORMATION CONCERNING ALL FEDERAL AND DISTRICT OF COLUMBIA SERVICE YOU HAVE HAD PRIOR TO YOUR PRESENT APPOINTMENT (Do not include military service.)

NAME AND LOCATION OF AGENCY	FROM— YEAR	MONTH	DAY	TO— YEAR	MONTH	DAY	TYPE OF APPOINTMENT IF KNOWN
FOREIGN SERVICE	49	OCT	19	52	FEB	6	
FOREIGN SERVICE	52	MAY	28	54	JULY	30	
DEPT. OF DEFENSE, WASH.	54	JUL	31	56	APR	6	
NO SICK OR ANNUAL LEAVE TO BE PICKED UP.							

4. LIST PERIODS OF ACTIVE SERVICE IN ANY BRANCH OF THE ARMED FORCES OF THE UNITED STATES. IF YOU HAD NO ACTIVE MILITARY SERVICE, WRITE "NONE."

BRANCH	FROM— YEAR	MONTH	DAY	TO— YEAR	MONTH	DAY	DISCHARGE (Hon. or dishon.?)
U.S. ARMY	43	SEP	11	45	MAR	8	HON.

5. DURING PERIODS OF EMPLOYMENT SHOWN IN ITEM 3, DID YOU HAVE A TOTAL OF MORE THAN 6 MONTHS ABSENCE WITHOUT PAY, INCLUDING PERIODS OF MERCHANT MARINE SERVICE, DURING ANY ONE CALENDAR YEAR? ☐ YES ☒ NO
IF ANSWER IS "YES," LIST FOLLOWING INFORMATION.

TYPE IF KNOWN (LWOP, Furl, Susp, AWOL, Mer Mar)	FROM— YEAR	MONTH	DAY	TO— YEAR	MONTH	DAY	TOTAL YEARS	MONTHS	DAYS

6. DURING THE FEDERAL SERVICE LISTED IN ITEM 3, DID YOU ACQUIRE A PERMANENT COMPETITIVE CIVIL SERVICE STATUS?
☐ YES ☐ NO
(If answer is "Yes," in what agency were you employed at the time status was acquired?)

7. ARE YOU
A. THE WIFE OF A DISABLED VETERAN? ☐ YES ☐ NO
B. THE MOTHER OF A DECEASED OR DISABLED VETERAN? ☐ YES ☐ NO
C. THE UNREMARRIED WIDOW OF A VETERAN? ☐ YES ☐ NO

8. TO BE EXECUTED BEFORE A NOTARY PUBLIC OR OTHER PERSONS AUTHORIZED TO ADMINISTER OATHS.
I swear (or affirm) that the above statements are true to the best of my knowledge and belief.

EOD May 17, 1956 (DATE) — R T Shaw (SIGNATURE)

Subscribed and sworn to before me on this 17th day of May (MONTH) 19 56 at Washington, D.C. (CITY) (STATE)

SEAL — Eva C. Fuller

NOTE: If oath is taken before a Notary Public, the date of expiration of his Commission should be shown.

PART II—THIS COLUMN IS FOR PERSONNEL OFFICE USE

9. RETENTION GROUP

10. A. CSC STATUS ☐ YES ☐ NO
B. TYPE OF PRESENT APPOINTMENT

11. SERVICE

YEAR	MONTH	DAY
2	3	18
2	2	3
1	8	6
1	5	28

12. TOTAL SERVICE 7 7 25

13. NONCREDITABLE SERVICE (Leave purposes only):

14. NONCREDITABLE SERVICE (RIF purposes only):

15. REEMPLOYMENT RIGHTS ☐ YES ☐ NO

16. RETENTION RIGHTS ☐ YES ☐ NO

17. EXPIRATION DATE OF RETENTION RIGHTS

INSTRUCTIONS: File this form on the permanent side of the employee's official personnel folder immediately before or after the personnel action involved.

(OVER)

19—68423-8

14-00000

NOTIFICATION OF SECURITY CLEARANCE UNDER E.O. 10450

TO: Director, Office of Personnel — **DATE:** May 7, 1956
Attention: Mr. Howard P. Mace

SUBJECT: SHAW, Robert Tyler
(DOB 6/18/25)

[X] APPLICANT. If subject is not appointed within 90 days of the date of this notification, this clearance must be revalidated by the Office of Security.

[ ] EMPLOYEE.

The case of above-named person has been reviewed in the Office of Security.

Investigative requirements of Executive Order 10450 have been complied with.

It has been determined that the employment or retention in employment of subject is clearly consistent with the interests of national security.

On the basis of this determination clearance is hereby granted. This clearance shall remain in effect for all purposes until further notice except that prior approval must continue to be requested from the Office of Security in the event of marriage to an alien, Presidential appointment, any appointment requiring Senate confirmation, and transfers or assignments to the Office of Security, R Area Special Projects Staff, and cryptographic duties. (This determination shall not eliminate or modify any other determination on security which may be required by law).

REMARKS:

[ ] Investigative reports are attached. Please return these reports to the Office of Security within 10 days together with the names of the individuals who have reviewed them listed on the extra copy of this form herewith furnished.

[ ]

Director, Office of Security
Dennis A. Flinn

ATTACHMENTS

SCA:SY:WBdsGrace:abw

UNCLASSIFIED
Authorized by William O. Hall
Director General of the

This memorandum may be considered as OFFICIAL USE ONLY upon removal of attachments.

a-219

14-00000

STANDARD FORM 57
U.S. CIVIL SERVICE COMMISSION

APPLICATION FOR FEDERAL EMPLOYMENT

CWB 4-27-56

1. Kind of position applied for or name of examination

2. Option(s) (if mentioned in examination announcement)

3. Place of employment applied for (city and State): Foreign Service

4. (First name) (Middle) (Maiden, if any) (Last)
Mr. Robert Tyler Shaw

5. Street and number or R. D. number: 3000 N. Oakland St., ~~Arlington 7, Va.~~
City or post office (including postal zone) and State: Arlington 7, Virginia

6. Place of birth
City: Washington
State or foreign country: D.C.

7. Date of birth (month, day, year): 18 June 1925

8. [X] Male [ ] Female

9. Height without shoes: 5 feet 7 inches
Weight: 140 pounds

10. [X] Married [ ] Single

11. Home phone: JA 7-1586
Office phone:

12. Legal or voting residence (State): Virginia

13. If you have ever been employed by the Federal Government, indicate last grade: GS-12
Dates of service in that grade: From July 1954 To present

DO NOT WRITE IN THIS BLOCK For Use of Civil Service Commission Only		
[ ] Appr. [ ] Nonappr.	Material [ ] Submitted [ ] Returned	Interest Register:
Notations:	App. Review:	Approved:

Option	Grade	Earned Rating	Preference	Augm. Rating
			[ ] 5 Points (Tent.)	
			[ ] 10 Point Comp. Dis.	
			[ ] Other 10 Point	
			[ ] Disal.	
			[ ] Being Investigated	
Initials and Date				

14. AVAILABILITY INFORMATION. A. Indicate the lowest salary you will accept $ per
You will not be considered for any position with a lower entrance salary.

B. If you are now a Federal employee, indicate the lowest grade you will accept

C. Will you accept appointment for [ ] 1 to 3 months? [ ] 3 to 6 months? [ ] 6 to 12 months?
Acceptance or refusal of a short term appointment will not affect your consideration for other appointment.

D. Are you willing to travel [ ] Occasionally? [X] Frequently? [ ] Constantly?

E. Will you accept appointment [ ] In Washington, D. C.? [ ] Anywhere in United States? [X] Outside U. S.?

F. If you will accept appointment only in certain locations, list them.

15. VETERAN PREFERENCE. A. If you claim 5 point preference based on war or military service, indicate:

Date(s) of entry into active service	Date(s) of separation	Branch of service (Army, Navy, Air Force, etc.)	Serial number. If no serial number, give grade or rating at separation
September 1943	March 1945	Army	35228658

B. Do you claim 5 point preference as a peacetime campaign veteran? [ ] Yes [ ] No

C. Do you claim 10-point preference? [ ] Yes [ ] No

D. Have you ever been granted 10-point veteran preference or 5 point preference as a peacetime campaign veteran by the U. S. Civil Service Commission? [ ] Yes [X] No. If so, indicate below the office which granted this preference to you. Attach your notice of preference adjudication if available. It will be returned to you.

Name of U. S. Civil Service Commission office or name of Board of U. S. Civil Service Examiners | Address of Commission office or Board of Examiners
City
State

THIS SPACE FOR USE OF APPOINTING OFFICER ONLY. The information on the record of service in question 15 has been verified with the discharge record and military shows that the separation was under honorable conditions.

Signature: Agency:

Title: Date:

(Continued on next page)

14-00000

IV. EXPERIENCE (Start with your present position and work back)

(1) Dates of employment (month, year): From July 1954 To present time

Exact title of your position: Foreign Affairs Officer

Salary or earnings: Starting $ per ; Final $7785 per annum

Classification Grade (if in Federal service): GS-12

Place of employment: City Washington; State D.C.

Kind of business or organization (manufacturing, accounting, insurance, etc.): U.S. Government

Name and address of employer (firm, organization, etc.): Dept. of Defense, Joint Chiefs of Staff

Name and title of immediate supervisor: Oliver W. Anthony

Reason for wanting to leave: Re-enter Foreign Service

Description of work: Preparation of studies and reports for the military departments and the Joint Chiefs of Staff on Inter-American Defense matters.

(2) Dates of employment (month, year): From May 1952 To July 1954

Exact title of your position: Vice Consul

Salary or earnings: Starting $ per ; Final $ per

Classification Grade (if in Federal service): FSS-9

Place of employment: City Guayaquil; State Ecuador

Kind of business or organization (manufacturing, accounting, insurance, etc.): Government

Name and address of employer (firm, organization, etc.): Dept. of State

Name and title of immediate supervisor: Consul General Paul W. Meyer

Reason for leaving: Position with Dept. of Defense

Description of work: General duties of a Foreign Service Staff Officer in the Economic and Commercial Section of the Consulate General in Guayaquil. Also performed political reporting functions and assisted in visa and citizenship matters.

(3) Dates of employment (month, year): From October 1949 To February 1952

Exact title of your position: Asst. Attache

Salary or earnings: Starting $ FSS-10 per ; Final $ FSS-9 per

Classification Grade (if in Federal service): FSS-9

Place of employment: City Washington &; State Caracas, Venez.

Kind of business or organization (manufacturing, accounting, insurance, etc.): Government

Name and address of employer (firm, organization, etc.): Department of State

Name and title of immediate supervisor: Ambassadors Donnally, Sparks

Reason for leaving: Accompany wife to U.S. for medical attention

Description of work: General duties of a Foreign Service Staff Officer in the Political Section, Embassy Caracas. Preparation of reports for the Department and memoranda for the Ambassador, consultation with officials of the local government and American companies (esp. of the petroleum industry operating in Venezuela). Assistance in the Consular Section with visa affairs.

14-00000

Robert T. Shaw
18 June 1925
3000 N. Oakland St.
Arlington 7, Virginia

STANDARD FORM 57 - continuation
#16
5.

September 1943 - March 1945
Pfc
U. S. Army
United States
Honorable Discharge

Anti-Aircraft

14-00000

ATTACH SUPPLEMENTAL SHEETS OR FORMS HERE

Dates of employment (month, year)	Exact title of your position	
From November 1947 To October 1949	Editor	
Salary or earnings: Starting $ 2400 per year; Final $ 3600 per year	Classification Grade (if in Federal service)	Place of employment: City Cincinnati; State Ohio	Kind of business or organization (manufacturing, accounting, insurance, etc.): Soap and chemical manufacture
Name and address of employer (firm, organization, etc.): Proctor & Gamble	Name and title of immediate supervisor: Carl Frantz, Chief	

Reason for leaving: Desire for Foreign Service

Description of work: Supervision of preparation (compilation through final printing and binding) of sales manuals for entire company sales force. Preparation of aptitude tests and general qualifications questionnaires used by company in recruitment of salesmen and administrative employees. Preparation of material for Company "house magazine". Maintenance of close liaison with other personnel departments. Work with company print shop and private printing establishments.

If you need additional experience blocks, use supplemental sheets. SEE INSTRUCTION SHEET.

17. SPECIAL QUALIFICATIONS AND SKILLS.

(A) Licenses and Certificates: [illegible] kind of license or certificate and the State or other licensing agency which granted it, for example, pilot, teacher, electrician, lawyer, radio operator, C. P. A., etc.

Kind of License .... Licensing Authority ....

(B) List any special skills you possess and machines and equipment you can use, such as short wave radio, multilith, comptometer, key-punch, turret lathe, scientific or professional devices.

(C) Approximate number of words per minute in: Typing .... Shorthand ....

(D) Give any special qualifications not covered elsewhere [illegible] such as:
(1) Your more important publications. (Do not submit copies unless requested)
(2) Your patents or inventions.
(3) Public speaking and public relations experience.
(4) Membership in professional or scientific societies, etc.
(5) Honors and fellowships received.

(5) Phi Beta Kappa

18. EDUCATION.

A. Circle the highest elementary or high-school grade completed 12
If you completed high school, give date 1943

B. Name and location of last high school attended: Bath High School, Osborn, Ohio

C. Name and location of college or university	Dates attended From	Dates attended To	Years completed Day	Years completed Night	Credit hours Semester or Quarter	Degrees received
~~The Ohio State University~~						
The Ohio State University	Mar 43	Sept 43				
" " "	Mar 45	Sept 45	1½			
University of Arizona	Sep 4[illegible]	[illegible] 47	2[illegible]			B.A.

D. Chief undergraduate college subjects	Credit hours Semester or Quarter		E. Chief graduate college subjects	Credit hours Semester or Quarter
Spanish				
Political Science				

F. Other schooling or training, such as trade, vocational, Armed Forces, or business. Give for each the name and location of school, dates attended, subjects studied, certificates, and any other pertinent data.

Jan. '44-May '44 (Camp Callan, California): Basic anti-aircraft schooling in fire control, specialization in anti-armor use of AA weapons.

19. Have you [illegible] foreign language?

x Yes [ ] No

[illegible]

Language	Reading		Speaking		Understanding		Writing	
Spanish	x		x		x		x	
French		x						

21. REFERENCES. List three persons living in the United States or Territories of the United States who are NOT RELATED TO YOU AND WHO HAVE DEFINITE KNOWLEDGE of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors listed under Item 16, EXPERIENCE.

FULL NAME	PRESENT BUSINESS OR HOME ADDRESS (Give complete street address)	BUSINESS OR OCCUPATION
1. Norman Armour	c/o Dept. of State	Former Ambassador to Venezuela
2. P. C. Sutton	c/o Dept. of State	FSO
3. R. G. Leddy	c/o Dept. of State	FSO

INDICATE ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO
22. (a) Are you a citizen of the United States of America, or (b) as a native of American Samoa do you owe allegiance to the United States of America?	X	
23. Are you now, or have you ever been, a member of the Communist Party, U. S. A., or any Communist organization?		X
24. Are you now, or have you ever been, a member of a Fascist organization?		X
25. Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group, or combination of persons which is totalitarian, Fascist, Communist, or subversive, or which has adopted a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States or which seeks to alter the form of government of the United States by unconstitutional means?		X
If your answer to question 23, 24, or 25 above is "Yes," state on a separate sheet to be attached to and made a part of this application the name(s) of such organization(s), association(s), movement(s), group(s), or combination of persons and dates of membership. Give complete details of your activities therein and make any explanation you desire regarding your membership or activities. (See instruction sheet)		
26. Does the United States Government employ in a civilian capacity any relative of yours (by blood or marriage) with whom you live or have lived within the past 24 months?		X
If your answer is "Yes," give in Item 34 for EACH such relative (1) full name, (2) present address, (3) relationship, (4) department or agency by which employed, and (5) kind of appointment.		
27. A. Have you any physical handicap, chronic disease, or other disability?		X
B. Have you ever had a nervous breakdown?		X
C. Have you ever had tuberculosis?		X
If your answer to A, B, or C is "Yes," give details in Item 34.		

INDICATE ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO
28. May inquiry be made of your present employer regarding your character, qualifications, etc.?	X	
29. Do you receive or have you applied for an annuity from the United States or District of Columbia Government under any retirement act or any pension or other compensation for military or naval service? *If your answer is "Yes," give details in Item 34.*		X
30. Are you an official or employee of any State, Territory, county, or municipality? *If your answer is "Yes," give details in Item 34.*		X
31. Have you ever been barred by the U. S. Civil Service Commission from taking examinations or accepting civil service appointments? *If your answer is "Yes," give dates of and reasons for such debarment in Item 34.*		X
32. A. Have you ever been discharged from employment because: (1) Your conduct was not satisfactory?		X
(2) Your work was not satisfactory?		X
B. Have you ever resigned after official notification that: (1) Your conduct was not satisfactory?		X
(2) Your work was not satisfactory?		X
C. Have you ever been discharged from the Armed Services under other than honorable conditions?		X
If your answer to A, B, or C is "Yes," give details in Item 34 as clearly as you can remember, including the name and address of employer, approximate date, and reasons in each case.		
33. Have you ever been arrested, charged, or held by Federal, State, or other law-enforcement authorities for any violation of any Federal law, State law, county or municipal law, regulation or ordinance? Do not include anything that happened before your 16th birthday. Do not include traffic violations for which a fine of $25 or less was imposed. All other charges must be included even if they were dismissed. *If your answer is "Yes," give in Item 34 for each case (1) approximate date, (2) charge, (3) place, (4) action taken.*		X

34. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS. Indicate item numbers to which answers apply.

Item No.	
19	China, 1931-3?: residing with family.
	Venezuela, 1949-52: Foreign Service
	Ecuador, 1952-54: Foreign Service

If more space is necessary, use sheets of the same size as this page. Write on each sheet your name, ... of this application.

ATTENTION: [illegible]

I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

Date 10 February 1956

Signature of applicant: Robert T. Shaw

Form DS-... Exception to SF-50 Approved by the Bureau of the Budget May 195.

DEPARTMENT OF STATE
WASHINGTON 25, D. C.

NOTIFICATION OF PERSONNEL ACTION

SERVICE: ☒ FS ☐ DPTL

1. NAME (Mr.-Miss-Mrs.-One given name, initial(s) and surname)	2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE
Mr. Robert T. SHAW	6/18/25	FS 20	12/9/54

This is to notify you of the following action affecting your employment:

5. NATURE OF ACTION (Use standard terminology)	6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY
Resignation for Personal Reasons without Prejudice	COB 7/30/54	

FROM:		TO:
Economic Officer GG-11	8. POSITION TITLE AND NUMBER	
Vice Consul	Diplomatic or Consular Title	
FSS-9 $5079	9. SCHEDULE, SERIES NO., GRADE, SALARY	
	10. ORGANIZATIONAL DESIGNATIONS	
Guayaquil	Post	
	11. HEADQUARTERS	
☐ FIELD ☐ DEPARTMENTAL ☐ Regular ☐ Resident ☐ Non-US	12. DS CATEGORY / FS Category	☐ FIELD ☐ DEPARTMENTAL ☐ Regular ☐ Resident ☐ Non-US

13. VETERAN'S PREFERENCE: NONE / 5-PT / 10-POINT (Disab. / Other)

14. POSITION CLASSIFICATION ACTION: NEW / VICE / T. A. / REAL.

15. SEX	16. APPROPRIATION	17. RETIREMENT COVERAGE	18. DATE OF APPOINTMENT AFFIDAVITS (Accessions Only)	19. LEGAL RESIDENCE
M	FROM / TO 5A-4011	☒ CSC ☐ FS ☐ FICA ☐ NONE		☐ CLAIMED ☐ PROVED STATE:

20. This action is subject to all applicable laws, rules and regulations and may be subject to investigation and approval by the United States Civil Service Commission or the Department.

Employment status-Indefinite

All leave transferred.

Address: Robert T. SHAW
1714 Huntington St.
Arlington, Va.

R. J. RYAN

ESTIMATE PERFORMANCE RATING

2.

PERSONNEL FOLDER

14-00000

494

FORM FS-353 (Rev.)
8-8-52

DEPARTMENT OF STATE
FOREIGN SERVICE UNITED STATES OF AMERICA

PERSONNEL ACTION WORK SHEET

DATE OF REQUEST: 7-20-54

EFFECTIVE DATE — PROPOSED: | ACTUAL: 7/20/54

ACTION CONTROL		
NO.	ROUTING	DATE
	R-CON	
	CL. BR.	
	R-CON	
2	LVE	
	FOR-AAB	
1	TVL-CON	7/28
3	TRANS.	

NAME (Last) (First) (Middle): SHAW Robert T.

DATE OF BIRTH: 6-12-25 | SEX: M

NATURE OF ACTION: ~~[struck through]~~ - RESIGNATION WITHOUT PREJUDICE

	PRESENT STATUS (From)	RECOMMENDED STATUS (To)
FUNCTIONAL TITLE	Economic Officer	
DIP.-CONS. OR OTHER TITLE	Vice Consul	
POST	Guayaquil	
CLASS AND SALARY	FSS-9 $4899 *(ungrade?)*	*(5074)*
APPROPRIATION ALLOTMENT	5A-4011	
POSITION NUMBER	G-11	
NATURE OF EMPLOYMENT	[X] FULL TIME [ ] PART TIME	[X] FULL TIME [ ] PART TIME

Stamp: 260 drafted DEC 9 1954

STATE OF LEGAL RESIDENCE:

RETIREMENT DEDUCTIONS: [ ] CSC [ ] SOC. SEC.
SOC. SEC. NO.

[ ] VETERAN [ ] NON-VETERAN

RESERVE STATUS: [ ] ACTIVE [ ] INACTIVE

BRANCH OF SERVICE (Specify):

SERIAL NO.

PRESENT MARITAL STATUS: [ ] SINGLE [X] MARRIED [ ] DIVORCED [ ] WIDOW [ ] WIDOWER [ ] SEPARATED

DATE AAB APPROVED:

LOYALTY FORMS SUBMITTED: [ ] SF 85 [ ] SF 87
CLEARED UNDER P.L. NO.

NATURE OF POSITION (Check applicable box): [ ] NEW [ ] COMPLEMENT REPLACEMENT (Name) [ ] VICE

STATE LIMITATION:

CONCURRENCE BY (Initials)		
REGIONAL BUREAUS	OTHER AGENCIES	OTHER OFFICES

APPOINTED TO: [X] REGULAR STAFF [ ] RESIDENT U.S. STAFF [ ] LOCAL NON-U.S.

ADDITIONAL INFORMATION AND INSTRUCTIONS (Subject to A, B, C, D, E, F, G, H, I, J and K)

Please accept Mr. Shaw's resignation in accordance with his letter of 7-19-54 (attached). Reason: Continue post-graduate studies.
EOD: 5-26-52 Arrival at post: 6-19-52

SIGNATURE AND TITLE OF REQUESTING OFFICER: *[signature]* ..., Operations Officer, ARA

SIGNATURE AND TITLE OF APPROVING OFFICER:

REQUEST FOR TRAVEL AUTHORIZATION

OBJECT CLASS	ESTIMATED COST	PER/FP/TC ENCUMBRANCE FUNDS AVAILABLE
0206	1500	APPR.
		ALLOT. ~~[illegible]~~
		OBLIG. NO.
0206	3000	DATE
		SIGNATURE
TOTAL	4500	
TO DATE	TRAVEL ORDER NUMBER	

NAMES OF DEPENDENTS AND DATES OF BIRTH OF CHILDREN UNDER 21:

FROM: Guayaquil | TO: Arlington, Va.

VIA: | DETAIL ENROUTE: approx 5 days' cons w/per diem

NO. LBS. EXCESS BAGGAGE AUTH.:

SHIPMENT OF EFFECTS FROM: Guayaquil to Arlington, Va.

REMARKS: CS/T: Mr. Shaw has completed 5 days consultation in the Department and is now taking leave in Arlington, Va. Please cancel that part of TO 4-21223 dated June 11, 1954 which authorized transportation from Wash. to Tucson, Arizona and thence to Guayaquil. Authorize instead shipment of effects from Guayaquil to Arlington, Va. (place of residence on service separation listed on latest FS-416 dated 4-1-54).

Also cancel TO 4-21223

14-00000

All le ve tra sferred. 1150 forwarded. CCB 7/30/54

E. Kathryn Mallow
E. athryn allow, Chief
Le ve and Retirement Section

Robert T Shaw
~~000 N Campbell Ave~~
~~Tucson, Arizona~~
1714 HUNTINGTON ST N.
ARLINGTON, Va

14-00000

ADDRESS OFFICIAL COMMUNICATIONS TO
THE SECRETARY OF STATE
WASHINGTON 25, D.C.

DEPARTMENT OF STATE
WASHINGTON

Washington, D.C.
July 19, 1954

Division of Personnel Operations
Department of State
Washington 25, D.C.

Attn: Mr. Leap

Gentlemen:

I hereby submit my resignation from the Foreign Service Staff Corps in which I hold the grade of Foreign Service Staff Officer Class 9. This resignation is submitted in order that I may devote full time to post-graduate studies.

It is requested that this resignation take effect as of the close of business July 19, 1954.

It is also requested that the Administrative Officer at my former post of duty, Guayaquil, Ecuador, be authorized to ship a lift van containing furnishings and personal effects to the Security Storage Company, Washington, D.C.

It has been a great pleasure serving with the Foreign Service and I shall always remember with pleasure my association with the many fine officers and clerical personnel of both the Service and the Department.

Yours very truly,

Robert T. Shaw

14-00000

NOTIFICATION OF SECURITY CLEARANCE UNDER E.O. 10450

TO: Director, Office of Personnel
Attention: Mr. Robert Ryan

DATE: 6 July 1954

SUBJECT: SHAW, Robert Tyler
Date of Birth: June 18, 1925

☐ **APPLICANT. If subject is not appointed within 90 days of the date of this notification, this clearance must be revalidated by the Office of Security.**

☒ **EMPLOYEE.**

The case of above-named person has been reviewed in the Office of Security.

Investigative requirements of Executive Order 10450 have been complied with.

It has been determined that the employment or retention in employment of subject is clearly consistent with the interests of national security.

On the basis of this determination clearance is hereby granted. This clearance shall remain in effect for all purposes until further notice except that prior approval must continue to be requested from the Office of Security in the event of marriage to an alien, Presidential appointment, any appointment requiring Senate confirmation, and transfers or assignments to the Office of Security, R Area Special Projects Staff, and cryptographic duties. (This determination shall not eliminate or modify any other determination on security which may be required by law).

REMARKS:

☐ Investigative reports are attached. Please return these reports to the Office of Security within 10 days together with the names of the individuals who have reviewed them listed on the extra copy of this form herewith furnished.

☐

[signature]
Director, Office of Security

ATTACHMENTS

[illegible]
[illegible] William O. Bull
[illegible]

SY: W. L. FRANKLIN

This memorandum may be considered as OFFICIAL USE ONLY upon removal of attachments.

[illegible]

14-00000

DEPARTMENT OF STATE
OPERATION PERSONNEL

NOTIFICATION OF PERSONNEL ACTION

DATE: July 16, 1954
JOURNAL NO. 82

NAME (Last) (First) (Middle): Shaw Robert T.	DATE OF BIRTH:	SEX:	LEGAL AUTHORITY:
NATURE OF ACTION: Periodic Step Increase	EFFECTIVE DATE: June 20, 1954		DATE OF OATH:

	FROM	TO
FUNCTIONAL TITLE		Same
DIPLOMATIC OR CONSULAR TITLE		
POST		Guayaquil
CLASS AND SALARY	FSS-9 $4899	FSS-9 $5079
APPROPRIATION ALLOTMENT		5A-4011
POSITION NUMBER		
NATURE OF EMPLOYMENT	PERM. / INDEF. / LIM. / TEMP. / FULL / PART	PERM. / INDEF. / LIM. / TEMP. / FULL / PART

REGULAR STAFF		LEGAL RESIDENCE	CITY	RETIREMENT DEDUCTIONS	FS
RESIDENT U.S. STAFF			STATE		C.S.
LOCAL NON-U.S.					FICA
VETERAN		BRANCH OF SERVICE		MARITAL STATUS	
NON-VETERAN		MILITARY RESERVE STATUS	READY / STAND-BY	CHILDREN	
				DEPENDENTS	

ABOVE ACTION AND CONTINUANCE OF STATUS EFFECTED THEREBY ARE SUBJECT TO ALL APPLICABLE LAWS, RULES AND REGULATIONS. THE ACTION MAY BE CORRECTED OR CANCELLED IF NOT IN ACCORDANCE WITH ALL REQUIREMENTS.

REMARKS:

(Signature) ____________
(Title) ____________

14-00000

mtw

FORM FS-349
11-4-49

DEPARTMENT OF STATE
DIVISION FOREIGN SERVICE PERSONNEL

PERSONNEL ACTION

DATE: June 5, 1953
JOURNAL NO. 1?7

NAME (last) Shaw (first) Robert (middle) T.	DATE OF BIRTH	LEGAL AUTHORITY
This is to notify you of the following action concerning your employment		SERVICE FSS
NATURE OF ACTION: PERIODIC STEP INCREASE	EFFECTIVE DATE: June 7,1953	DATE OF OATH

	FROM	TO
FUNCTIONAL TITLE		
DIP., CONSULAR OR OTHER TITLE		same
POST		Guayaquil
CLASS AND SALARY	FSS-9 $4719	FSS-9 $4899
APPROPRIATION ALLOTMENT		3A 2011
POSITION NUMBER		same
NATURE OF EMPLOYMENT	PERMANENT / TEMPORARY / OTHER / FULL / PART	PERMANENT / TEMPORARY / OTHER / FULL / PART
RETIREMENT DEDUCTIONS	YES / NO — REGULAR STAFF / LOCAL STAFF	NATURE OF POSITION: NEW / ADDITIONAL / REALLOCATION — VICE (name)
VETERAN NON-VETERAN	NON-US	LEGAL RESIDENCE
SEX	MARITAL STATUS, CHILDREN, AND DEPENDENTS	

Conditions and requirements: Above action and continuance of status effected thereby are subject to such conditions and requirements listed on reverse of this page as are cited herewith.

REMARKS:

Last salary increase May 28,1952.
Performance rating meets required standards.

2

(Signature)

TITLE

FOLDER

U. S. GOVERNMENT PRINTING OFFICE: 1950 820534

14-00000

FORM FS-349
11-4-49

DE 'RTMENT OF STATE
DIVISION (FOREIGN SERVICE PERSONNEL
PERSONNEL ACTION

DATE	Dec. 5, 1952
JOURNAL NO.	21

NAME (last) (first) (middle)	DATE OF BIRTH	LEGAL AUTHORITY
SHAW Robert T.	Apr. 12, 1927	
This is to notify you of the following action concerning your employment		SERVICE FSS
NATURE OF ACTION: Change in Title	EFFECTIVE DATE: Dec. 5, 1952	DATE OF OATH

	FROM	TO
FUNCTIONAL TITLE	Consular Officer	Economic Officer
DIP., CONSULAR OR OTHER TITLE	Vice Consul	Vice Consul
POST	Guayaquil	Guayaquil
CLASS AND SALARY	FSS-9 $4719	FSS-9 $4719
APPROPRIATION ALLOTMENT	3A 2011	3A 2011
POSITION NUMBER	GQ-9	GQ-11
NATURE OF EMPLOYMENT	PERMANENT / TEMPORARY / OTHER Indef / FULL X / PART	PERMANENT / TEMPORARY / OTHER Indef / FULL X / PART

RETIREMENT DEDUCTIONS	YES X	REGULAR STAFF X	NATURE OF POSITION
	NO	LOCAL STAFF	NEW / ADDITIONAL / REALLOCATION / VICE (name)
VETERAN / NON-VETERAN		NON-US	
SEX Male	MARITAL STATUS, CHILDREN, AND DEPENDENTS: Married-1		LEGAL RESIDENCE

Conditions and requirements: Above action and continuance of status effected thereby are subject to such conditions and requirements listed on reverse of this page as are cited herewith.

REMARKS:

2.

(Signature)

TITLE

FOLDER

U.S. GOVERNMENT PRINTING OFFICE 1952 999704

Division of Foreign Service Personnel
DEPARTMENT OF STATE
Request for Personnel Action and Travel Authorization

1 - Post: Guayaquil, Ecuador
2 - Date: Nov. 21, 1952

3 - Name (last)	(first)	(initial)	4 - Date of Birth	5 - Civil Service or Other Legal Authority
SHAW	Robert	T	June 18, 1925	

THE FOLLOWING PERSONNEL ACTION IS REQUESTED

6 - Service:

7 - Nature of Action	8 - Effective Date*	9 - Effective Date Approved by Department
Change of Title ~~XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX~~	☐ Proposed, or ☐ Actual	

	PRESENT STATUS	RECOMMENDED STATUS	FOR DEPT. USE ONLY
Position Title	10 A Consular Officer	10 B Economic ~~Reporting~~ Officer	
Grade and Salary	11 A FSS-9 $4719	11 B FSS-9 $4719	
Post	12 A Guayaquil, Ecuador	12 B Guayaquil, Ecuador	
Basic Salary	13 A $4719	13 B $4719	349 drafted 12/5/52
Amount of Temporary Increase	14 A —	14 B —	
Salary Appropriation	15 A 193[illegible]3	15 B 1930113	
Position Number	16 A GQ-11 (GQ-9) #	16 B GQ-11	
Permanent or Temporary	17 A Permanent	17 B Permanent	
Full or Part Time	18 A Full	18 B Full	

19 - Marital Status	20 - Dates of Birth of Children Under 21
Married - 1 c	4 months old

21 - Special Instructions or Explanation:-
PA & SA reallocated position Economic Officer on November 26, 1952. XXXXXXXXXXXX XXXXXXXXXXXX #Position number prior to recent reallocation was G-9.

22 - Title of Requesting Officer	23 - Signature of Requesting Officer
American Consul General	Paul W. Meyer

REQUEST FOR TRAVEL AUTHORIZATION (To be filled out only by Division of Foreign Service Personnel in Washington)

FROM	TO
Via	Special Instructions NO TRAVEL INVOLVED

FISCAL DATA	OBJECT CLASS COST (ESTIMATED)			
Transportation Foreign Service	023			Via Washington For Consultation En Route
Foreign Service (Auxiliary) N.O.	029			Via Any Fess. Route & Means Incl. Aircraft
Allotment Number	030			Wire Notifin. To Post In 12A
	Total			Excess Baggage Pounds; Air Exp. Shipment Pounds

Proceed Upon Arrival of: ☐ Proceed as Soon as Possible

Signature of Officer FP: J. B. Bening, Regional Operations Officer, American Republics Area.

Date: | Authorization No. (To be Inserted by DC/T)

*If Actual Effective Date, explain under "Special Instructions"

DEC 4 1952

14-00000

VNW

FORM FS-349
11-4-49

DEPARTMENT OF STATE
DIVISION OF FOREIGN SERVICE PERSONNEL
PERSONNEL ACTION

DATE: May 19, 1952
JOURNAL NO 18

NAME (last)	(first)	(middle)	DATE OF BIRTH	LEGAL AUTHORITY
Shaw,	Robert	T.	June 18,1925	PL 724 79th

SERVICE: FSS

This is to notify you of the following action concerning your employment

NATURE OF ACTION: Indefinite Appointment EO 10180

EFFECTIVE DATE: 5/28/52

DATE OF OATH: 5/28/52

	FROM	TO
FUNCTIONAL TITLE		Consular Officer
DIP., CONSULAR OR OTHER TITLE		Vice Consul
POST		Guayaquil
CLASS AND SALARY		FSS-9 $4719
APPROPRIATION ALLOTMENT		2A 5011
POSITION NUMBER		GQ-9

NATURE OF EMPLOYMENT: (From) PERMANENT / TEMPORARY / OTHER / FULL / PART — (To) PERMANENT / TEMPORARY / Indefinite / FULL X / PART

RETIREMENT DEDUCTIONS: YES X / NO — REGULAR STAFF X / LOCAL STAFF / NON-US

VETERAN X Army / NON-VETERAN

NATURE OF POSITION: NEW / ADDITIONAL / REALLOCATION — VICE (name)

SEX: Male

MARITAL STATUS, CHILDREN, AND DEPENDENTS: Married

LEGAL RESIDENCE: Arizona

Conditions and requirements: Above action and continuance of status effected thereby are subject to such conditions and requirements listed on reverse of this page as are cited herewith.

REMARKS: Items: a, b, c, d, g, i(61§) m.
No military reserve status.
Forms 85 and 57 submitted to SY.
Position description requested from Post in quadruplicate within 30 days after employee reports at Post.

93/T: Authorize travel of appointee from Arlington, Va. via Washington, D.C. to Guayaquil.
Wife: From Arlington, Va. to Guayaquil.
Shipment of effects: From Arlington, Va. and/Tucson, Arizona to Guayaquil.
Janet Lee Ruggles-wife.

2

(Signature)

TITLE

FOLDER

STANDARD FORM 61a
BUREAU OF THE BUDGET
FORM APPROVED BY THE COMP. GEN., U.S.
JUNE 15, 1951
U.S. CIVIL SERVICE COMMISSION
F.P.M. CHAPTER A6

CIVIL OFFICL..
APPOINTMENT AFFIDAVITS

(As defined in 5 USC 21a and 21b)

I, Robert T. Shaw (Name in full) Arizona (State)
do solemnly swear (or affirm) that

A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter, SO HELP ME GOD.

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

I am not a Communist or a Fascist. I do not advocate nor am I a member of any organization that advocates the overthrow of the Government of the United States by force or violence or other unconstitutional means, or seeking by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) I will not so advocate, nor will I become a member of such organization during the period that I am an employee of the Federal Government.

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not engaged in any strike against the Government of the United States and that I will not so engage while an employee of the Government of the United States; that I am not a member of an organization of Government employees that asserts the right to strike against the Government of the United States, and that I will not, while a Government employee, become a member of such an organization.

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing such appointment.

Robert T. Shaw (Typed name of appointee) — Robert T. Shaw (Signature of appointee)

Subscribed and sworn before me this 28th day of May, A. D. 1952,

at Washington, D.C. (City) (State)

Marvin W. Will (Signature of officer)

[SEAL]

My commission expires December 14, 1953 — Notary Public (Title)

Department of State (Department or agency) — Foreign Service (Bureau or division) — Washington, D.C. (Place of employment)

Foreign Service Staff Officer, Class9
Vice Consul; Consular Officer (Position to which appointed) — May 28, 1952 (Date of entrance on duty)

NOTE.—*If the oath is taken before a Notary Public, the date of expiration of his commission should be shown.*

16—61312-1 U.S. GOVERNMENT PRINTING OFFICE

STANDARD FORM 144
JANUARY 1952
U. S. CIVIL SERVICE COMMISSION
FPM CHAPTERS LI AND R3

STATEMENT OF PRIOR FEDERAL AND MILITARY SERVICE

IMPORTANT: The information on this form will be used in determining creditable service for *leave purposes* and retention credits for *reduction in force.* The employee should complete Part I and the Personnel Office should complete Parts II through IV.

PART I.—EMPLOYEE'S STATEMENT | **PART II.—THIS COLUMN IS FOR PERSONNEL OFFICE USE**

1. NAME (*Last, first, middle initial*): SHAW, ROBERT T.

2. DATE OF BIRTH: 18 JUNE 25

9. RETENTION GROUP

10. CSC STATUS (*For permanent employees only*) ☐ YES ☐ NO

3. LIST THE FOLLOWING INFORMATION CONCERNING ALL FEDERAL AND DISTRICT OF COLUMBIA SERVICE YOU HAVE HAD PRIOR TO YOUR PRESENT APPOINTMENTS (*Do not include military service.*)

NAME AND LOCATION OF AGENCY	FROM— YEAR	MONTH	DAY	TO— YEAR	MONTH	DAY	TYPE OF APPOINTMENT IF KNOWN	11. SERVICE YEAR	MONTH	DAY
U.S. GOVERNMENT	49	10	24	52	2	15	—	2	3	22
FOREIGN SERVICE	52	5	28	54	7	30		2	2	3

4. LIST PERIODS OF SERVICE IN ANY BRANCH OF THE ARMED FORCES OF THE UNITED STATES. IF YOU HAD NO MILITARY SERVICE, WRITE "NONE."

BRANCH	FROM— YEAR	MONTH	DAY	TO— YEAR	MONTH	DAY	DISCHARGE (*Hon. or dishon.?*)	YEAR	MONTH	DAY
U.S. ARMY	43	9	11	45	3	8	HON	1	5	27

12. TOTAL SERVICE: 6 6 23

5. DURING PERIODS OF EMPLOYMENT SHOWN IN ITEM 3, DID YOU HAVE A TOTAL OF MORE THAN 6 MONTHS ABSENCE WITHOUT PAY, INCLUDING PERIODS OF MERCHANT MARINE SERVICE, DURING ANY ONE CALENDAR YEAR? ☐ YES ☒ NO
IF ANSWER IS "YES," LIST FOLLOWING INFORMATION.

TYPE IF KNOWN (*LWOP, Furl, Susp, AWOL, Mer Mar*)	FROM— YEAR	MONTH	DAY	TO— YEAR	MONTH	DAY	TOTAL YEARS	MONTHS	DAYS

13. NONCREDITABLE SERVICE (*Leave purposes only*):

14. NONCREDITABLE SERVICE (*RIF purposes only*)

6. DURING THE FEDERAL SERVICE LISTED IN ITEM 3, DID YOU ACQUIRE A PERMANENT COMPETITIVE CIVIL SERVICE STATUS? ☐ YES ☒ NO
(*If answer is "Yes," in what agency were you employed at the time status was acquired?*)

15. REEMPLOYMENT RIGHTS ☐ YES ☐ NO

16. RETENTION RIGHTS ☐ YES ☐ NO

7. ARE YOU.
A. THE WIFE OF A DISABLED VETERAN? ☐ YES ☐ NO
B. THE MOTHER OF A DECEASED OR DISABLED VETERAN? ☐ YES ☐ NO
C. THE UNREMARRIED WIDOW OF A VETERAN? ☐ YES ☐ NO

17. EXPIRATION DATE OF RETENTION RIGHTS

8. TO BE EXECUTED BEFORE A NOTARY PUBLIC OR OTHER PERSONS AUTHORIZED TO ADMINISTER OATHS

I swear (or affirm) that the above statements are true to the best of my knowledge and belief.

Sept 28, 1954 (DATE) — Robert T. Shaw (SIGNATURE)

Subscribed and sworn to before me on this ____ day of ____ (MONTH) 195__ at ____ (CITY) ____ (STATE)

SEAL — Kathryn Mallow

NOTE: If oath is taken before a Notary Public, the date of expiration of his Commission should be shown.

(OVER)

STANDARD FORM NO. 64

Office Memorandum • UNITED STATES GOVERNMENT

TO : FP - Mr. Howard Mace

DATE: April 29, 1952

FROM : SY - Mr. Donald L. Nicholson

SUBJECT: SHAW, Robert Tyler

Investigation of subject has been conducted with results as indicated below.

SECURITY:

(X) Security clearance is given for appointment or continued employment.

( ) Security clearance of subject is not given.

( ) This is an ALIEN CASE. The usual restrictions are applicable.

REMARKS:

( ) Investigation reveals personnel information which you may desire to review prior to appointment.

(x) Investigation discloses that the subject has been cleared under E. O. 9835.

( ) Investigation has verified subject's satisfactory service with armed forces.

( ) Investigation has been completed as required by Public Law , Congress.

( ) Investigation does not include FBI check. If an unfavorable report should be received at a later date from the FBI which would necessitate concelling of this security clearance, you will be so advised.

( ) Please return the attached file to this office upon the completion of personnel action.

ATTACHMENTS:

CC: SY:HFLinneman:cfs

14-00000

FORM DSP-34
3-26-51

DEPARTMENT OF STATE

APPLICATION FOR FOREIGN SERVICE AND DEPARTMENTAL EMPLOYMENT

(Use with Standard Form 57)

If more space is required, use additional sheets of paper. Write on each sheet your name, address and date of birth. Identify each item, and attach to this application.

BUDGET BUREAU NO. 47-R071.3
APPROVAL EXPIRES August 31, 195[illegible]

1. a. NAME *(Print)*
Robert Tyler SHAW

b. ADDRESS
1714 Huntington
Arlington, Va.

2. USE OF APPLICATION - Check one box below to indicate whether you wish this application to be considered for Foreign Service employment only, or for both Foreign Service and Departmental employment. Completion of this form is not required for Department employment only. Standard Form 57 must be filled out in any case.

[X] FOREIGN SERVICE ONLY [ ] FOREIGN SERVICE AND DEPARTMENTAL

3. PERMANENT ADDRESS *(Place from which you will expect transportation of self and household effects, if any, if appointed to the Foreign Service)*

909 North Campbell Ave., Tucson, Arizona

4. IF BORN OUTSIDE THE UNITED STATES, HOW WAS CITIZENSHIP ACQUIRED? IF A NATURALIZED CITIZEN, GIVE PLACE, DATE, AND NUMBER OF NATURALIZATION CERTIFICATE. *(Section 11 on Form 57).*

5. a. ARE YOU NOW INVOLVED IN ANY LITIGATION OR SEPARATION AGREEMENT? [ ] YES [X] NO
b. DO YOU KNOW OF ANY PROSPECTIVE LITIGATION IN WHICH YOU MAY BE INVOLVED? [ ] YES [X] NO
(Give details, if answer is yes to a. or b.)

6. WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT FOR OVERSEAS EMPLOYMENT? *(Exclusive of allowances)* $ PER YEAR

7. WHAT RESTRICTIONS ARE THERE, IF ANY, ON YOUR IMMEDIATE AVAILABILITY FOR DUTY IN ANY PART OF THE WORLD?
None

8. a. FULL NAME OF SPOUSE *(If wife, give maiden name)*	b. DATE OF BIRTH	c. PLACE OF BIRTH *(City, State or Province, and Country)*
Janet Lee Ruggles SHAW (wife)	12 April 1927	Three Rivers, Mich.

d. IF BORN OUTSIDE THE UNITED STATES, HOW WAS CITIZENSHIP ACQUIRED?	e. IF NATURALIZED, GIVE PLACE, DATE, AND NO. OF NATURALIZATION CERTIFICATE.

9.

NAMES OF DEPENDENTS	RELATIONSHIP	DATE OF BIRTH	WILL RESIDE WITH YOU OVERSEAS: YES	NO
Janet Lee Ruggles SHAW	wife	12 April 1927	X	

10. a. FATHER'S NAME	b. PRESENT ADDRESS	c. PLACE OF BIRTH
Maj. Gen. Franklin E. Shaw	Dept. of Defense, Wash.	Newport, Ky.

11. a. MOTHER'S NAME (MAIDEN)	b. PRESENT ADDRESS	c. PLACE OF BIRTH
Mary Inez Sheea Shaw	1714 Huntington, Arlinton, Virginia	Elisabethtown, Ky.

12. IF PARENTS BORN OUTSIDE THE UNITED STATES, DID THEY EVER OBTAIN UNITED STATES CITIZENSHIP? (CHECK BELOW)
FATHER [ ] YES [ ] NO MOTHER [ ] YES [ ] NO

13. HAVE YOU EVER APPLIED FOR A POSITION WITH THE DEPARTMENT OF STATE OR TAKEN AN EXAMINATION FOR A POSITION WITH THE DEPARTMENT OF STATE? [X] YES [ ] NO
If "Yes" give date, nature of position applied for, and kind of examination taken, if any.

14. RELATIVES NOW RESIDING IN FOREIGN COUNTRIES

NAME	RELATIONSHIP	ADDRESS
NONE		

15. FOREIGN LANGUAGES *(Replaces item 18 on Form 57)*

Name and indicate the extent of your competence, i.e. Excellent, Good, Fair

A. LANGUAGE	B. READ	C. WRITE	D. SPEAK	E. UNDERSTAND
Spanish	Ex	Ex	Ex	Ex
French	Good			Fair
Russian	Slight			

16. LIST PRESENT OR FORMER FOREIGN CONNECTIONS:

A. BUSINESS
B. EMPLOYMENT
C. MILITARY

17. DATES AND PLACES OF RESIDENCE FOR LAST 10 YEARS

DATES	STREET AND NUMBER	CITY	STATE OR COUNTRY
1949-1952	American Embassy	Caracas	Venezuela
1947-1949	40 Henry Ave.,	Fort Thomas	Kentucky
1945-1947	1734 E. 2nd	Tucson	Arizona
1943-1945	US Army		
1942-1943	702 D. St.	Wright Field	Ohio

18. DOES YOUR FINANCIAL POSITION PERMIT DISCHARGE OF ALL DEBTS INCURRED? [X] YES [ ] NO

IF "NO," STATE INFORMATION REQUESTED BELOW:

NAMES OF CREDITORS	AMOUNTS DUE	DATES ON WHICH OBLIGATIONS WERE CONTRACTED

19. HAVE YOU EVER BEEN MEDICALLY DISCHARGED FROM THE ARMED SERVICE? [ ] YES [X] NO
IF "YES," GIVE DETAILS IN ITEM 39 OF FORM 57.

20. PRESENT MILITARY STATUS

A. ARE YOU REGISTERED WITH A SELECTIVE SERVICE BOARD? [ ] YES [X] NO IF "YES," STATE BELOW THE NUMBER AND ADDRESS OF THE BOARD, AND YOUR CLASSIFICATION:

B. DO YOU HAVE A MILITARY RESERVE STATUS? [ ] YES [X] NO IF "YES," STATE BELOW, THE BRANCH OF SERVICE; YOUR SERIAL NUMBER; YOUR ORGANIZATION UNIT AND HEADQUARTERS.

21. LIST OTHER NAMES, IF ANY, BY WHICH YOU HAVE BEEN KNOWN INCLUDING MARRIED NAMES, IF MARRIED MORE THAN ONCE, GIVING DATE DURING WHICH NAMES WERE USED. DO NOT DUPLICATE INFORMATION SUPPLIED IN ITEM 16 ON FORM 57.

22. HAVE YOU EVER BEEN UNDER THE CIVIL SERVICE RETIREMENT SYSTEM? Yes

23. SOCIAL SECURITY NUMBER, IF ANY.

24. If you believe the information you have supplied on this application does not fully show your qualifications for Foreign Service Employment, state in item 36 of Form 57 or on a separate sheet, any additional appropriate data that you wish to have considered.

DATE

SIGNATURE [illegible signature]

14-00000

STANDARD FORM 57 NOV 1947
U.S. CIVIL SERVICE COMMISSION

[AP]PLICATION FOR FEDERAL EMPLOY[MEN]T

INSTRUCTIONS. In order to prevent delay in consideration of your application, answer every question on this form clearly and completely. Type, write or print in INK. In applying for a specific United States Civil Service examination, read the examination announcement carefully and follow all directions. If you are applying for a WRITTEN examination, follow the instructions on the admission card regarding disposition of this application. If you are applying for an UNWRITTEN examination, mail this application to the office named in the announcement. Be sure to mail to the same office any other forms required by the announcement. Notify the office with which you file this application of any change in your address.

1. NAME OF EXAMINATION OR KIND OF POSITION APPLIED FOR

2. OPTIONS (if mentioned in examination announcement)

3. PLACE OF EMPLOYMENT APPLIED FOR (City and State)

4. DATE OF THIS APPLICATION

5. MR. MRS. MISS (First name) (Middle) (Maiden, if any) (Last)
Robert Tyler SHAW

6. (A) STREET AND NUMBER OR R. D. NUMBER
1714 Huntington St., Arlington, Va.
(B) CITY OR POST OFFICE (including postal zone) AND STATE

7. LEGAL OR VOTING RESIDENCE (State)
Arizona

8. (A) OFFICE PHONE

(B) HOME PHONE
JA-8-3772

9. DATE OF BIRTH (month, day, year)
18 June 1925

10. [X] MARRIED [ ] SINGLE

11. PLACE OF BIRTH (city and State, if born outside U.S., name city and country)
Washington, D.C.

12. [X] MALE [ ] FEMALE

13. (A) HEIGHT WITHOUT SHOES 5 FEET 9 INCHES (B) WEIGHT 135 POUNDS

14. (A) HAVE YOU EVER BEEN EMPLOYED BY THE FEDERAL GOVERNMENT? [ ] YES [ ] NO
(B) IF SO, GIVE LAST GRADE AND DATE OF LAST CHANGE IN GRADE

APPLICATION NO.

ANNOUNCEMENT

DO NOT WRITE IN THIS BLOCK
For Use of Civil Service Commission Only

[ ] APPROV. [ ] NON-APPROV.

MATERIAL [ ] SUBMITTED [ ] RETURNED

ENTERED REGISTER

NOTATIONS

APP. REVIEW

APPROVED:

OPTION	GRADE	EARNED RATING	PREFERENCE	AUGM. RATING
			[ ] 5 POINTS (TENT.)	
			[ ] 10 POINTS	
			[ ] WIFE OR WIDOW	
			[ ] DISAL.	
			[ ] BEING INVESTIGATED	

INITIALS AND DATE

15. (A) WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT? $........ PER YEAR
You will not be considered for any position with a lower entrance salary.
(B) CHECK IF YOU WILL ACCEPT SHORT TERM APPOINTMENT, IF OFFERED, FOR [ ] 1 TO 3 MONTHS [ ] 3 TO 6 MONTHS [ ] 6 TO 12 MONTHS
NOTE. Acceptance or refusal of a temporary short-term appointment will not affect your opportunity to obtain a probational appointment.
(C) IF YOU ARE WILLING TO TRAVEL, SPECIFY [ ] OCCASIONALLY [X] FREQUENTLY [ ] CONSTANTLY
(D) CHECK IF YOU WILL ACCEPT APPOINTMENT, IF OFFERED, [ ] IN WASHINGTON, D.C. [ ] ANYWHERE IN THE UNITED STATES [X] OUTSIDE THE UNITED STATES
(E) IF YOU WILL ACCEPT APPOINTMENT IN CERTAIN LOCATIONS ONLY, GIVE ACCEPTABLE LOCATIONS.

16. EXPERIENCE. It is important for you to furnish all information requested below in sufficient detail to enable the Civil Service Commission and the appointing officers of agencies to give you full credit in determining your qualifications. Use a separate block for each position. Start with your present position and work back, explaining clearly the principal tasks which you performed [illegible] religious, civic, welfare, or organizational activity which you have performed, either with or without compensation, showing the number of hours per week and weeks per year in which you were engaged in such activity. Military experience should be described in the spaces below in its proper sequence.
(a) If you were ever employed in any position under a name different from that [illegible] "Description of your work" [illegible]
(b) If you have never been employed [illegible]

① PRESENT POSITION

DATES OF EMPLOYMENT (month, year) FROM TO PRESENT TIME

EXACT TITLE OF YOUR PRESENT POSITION

CLASSIFICATION GRADE (if in Federal Service)

SALARY OR EARNINGS STARTING $ PER PRESENT $ PER

PLACE OF EMPLOYMENT (City and State)

NAME AND TITLE OF IMMEDIATE SUPERVISOR

NAME AND ADDRESS OF EMPLOYER (Firm, organization, or person. If Federal, name department, bureau or establishment, and division)

KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale silk, insurance agency, manufacture of locks, etc.)

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU

REASON FOR DESIRING TO CHANGE EMPLOYMENT

DESCRIPTION OF YOUR WORK

Unemployed. Desire to resume career in Foreign Service. (Consultation with physicians establishes fact that wife's condition completely cured and her health will not be impaired by residence abroad)

(CONTINUED ON NEXT PAGE)

14-00000

15 CONTINUED

(2) DATES OF EMPLOYMENT (month, year)
FROM Oct. 1949 TO Feb. 1952
EXACT TITLE OF YOUR POSITION: Assistant Attache
CLASSIFICATION GRADE (if in Federal service): FSS-9
SALARY OR EARNINGS: STARTING $ FSS-10 PER; FINAL $ FSS-9 PER
PLACE OF EMPLOYMENT (city and State): Wash., D.C. and Caracas, Venezuela
NAME AND TITLE OF IMMEDIATE SUPERVISOR: Ambassador
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division): Department of State
KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale silk, insurance agency, manufacture of locks, etc.): Government
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU: 3 clerks
REASON FOR LEAVING: To accompany wife to U.S. for immediate medical attention

DESCRIPTION OF YOUR WORK

General duties of a Foreign Service Staff Officer in the Political Section, Embassy Caracas. Preparation of reports for the Department and memoranda for the Ambassador, consultation with officials of the local government and American companies (esp. of the petroleum industry operating in Venezuela) Assistance in the consular section with visa affairs.

(3) DATES OF EMPLOYMENT (month, year)
FROM Nov 1947 TO Oct 1949
EXACT TITLE OF YOUR POSITION: Editor
CLASSIFICATION GRADE (if in Federal service): -
SALARY OR EARNINGS: STARTING $ 2,400 PER YR.; FINAL $ 3,600 PER YR.
PLACE OF EMPLOYMENT (city and State): Cincinnati, Ohio
NAME AND TITLE OF IMMEDIATE SUPERVISOR: Carl Frantz, Chief
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division): Procter & Gamble
KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale silk, insurance agency, manufacture of locks, etc.): Soap and chemical manufacture
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU: 2 clerks, various printshop employees
REASON FOR LEAVING: Desire for Foreign Service

DESCRIPTION OF YOUR WORK

Supervision of preparation (compilation through final printing and binding) of sales manuals for entire company sales force. Preparation of aptitude tests and general qualifications questionnaires used by company in recruitment of salesmen and administrative employees. Preparation of material for company "house magazine". Maintenance of close liaison with other personnel departments. Work with company printshop and private printing establishments.

(4) DATES OF EMPLOYMENT (month, year)
FROM TO
EXACT TITLE OF YOUR POSITION:
CLASSIFICATION GRADE (if in Federal service):
SALARY OR EARNINGS: STARTING $ PER; FINAL $ PER
PLACE OF EMPLOYMENT (city and State):
NAME AND TITLE OF IMMEDIATE SUPERVISOR:
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division):
KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale silk, insurance agency, manufacture of locks, etc.):
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU:
REASON FOR LEAVING:

DESCRIPTION OF YOUR WORK

(5) DATES OF EMPLOYMENT (month, year) FROM TO | EXACT TITLE OF YOUR POSITION | CLASSIFIED GRADE (if in Federal service) | SALARY OR EARNINGS STARTING $ PER / FINAL $ PER

PLACE OF EMPLOYMENT (city and State) | NAME AND TITLE OF IMMEDIATE SUPERVISOR

NAME AND ADDRESS OF EMPLOYER (firm, organization, or person. If Federal, name department, bureau or establishment, and division) | KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of locks, etc.)

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU | REASON FOR LEAVING

DESCRIPTION OF YOUR WORK

If more space is required, use a continuation sheet (Standard Form No. 58) or a sheet of paper the same size as this page. Write on each sheet your name, address, date of birth, and examination title. Attach to inside of this application.

17. MILITARY TRAINING. In the space below, describe any training received in the Armed Services (not already listed under Item 16) that would assist appointing officers in placing you most effectively. Indicate actual amount of training received, such as hours per week. Detailed information regarding any special service schools you attended is especially important. (Extra pages may be used to give full descriptions.)

DATES FROM	DATES TO	LOCATION	DESCRIPTION OF TRAINING
Jan 1944	May 1944	Camp Callan, Calif.	Basic anti-aircraft schooling in fire control, specialization in anti- armor use of AA weapons.

18. EDUCATION (Circle highest grade completed): 1 2 3 4 5 6 7 8 9 10 11 12

MARK (X) THE APPROPRIATE BOX TO INDICATE SATISFACTORY COMPLETION OF ☐ ELEMENTARY SCHOOL ☐ JUNIOR HIGH SCHOOL ☐ SENIOR HIGH SCHOOL

(A) GIVE NAME AND LOCATION OF LAST HIGH SCHOOL ATTENDED: Bath High School, Osborn, Ohio

(B) SUBJECTS STUDIED IN HIGH SCHOOL WHICH APPLY TO POSITION DESIRED: Languages, History, Geography

(C) NAME AND LOCATION OF COLLEGE OR UNIVERSITY	MAJOR AND SPECIALTY	DATES ATTENDED FROM	DATES ATTENDED TO	YEARS COMPLETED DAY	YEARS COMPLETED NIGHT	DEGREES CONFERRED TITLE	DEGREES CONFERRED DATE	SEMESTER HOURS CREDIT
The Ohio State University	LA	Mar 1943	Sept 1943					
" " " "	LA	Mar 1945	Sept 1945 1½					
University of Arizona	LA	Sept1945	July 1947 2½			BA	July 1947	

(D) LIST YOUR CHIEF UNDERGRADUATE COLLEGE SUBJECTS: Spanish; Political Science

LIST YOUR CHIEF GRADUATE COLLEGE SUBJECTS:

(E) OTHER TRAINING, SUCH AS VOCATIONAL, BUSINESS, STUDY COURSES GIVEN THROUGH THE ARMED FORCES INSTITUTE (show name and location of school) OR IN SERVICE TRAINING IN PUBLIC OR PRIVATE EMPLOYMENT

SUBJECTS STUDIED	DATES ATTENDED FROM	DATES ATTENDED TO	YEARS COMPLETED DAY	YEARS COMPLETED NIGHT

19. INDICATE YOUR KNOWLEDGE OF FOREIGN LANGUAGES

LANGUAGE	READING EXC.	READING GOOD	READING FAIR	SPEAKING EXC.	SPEAKING GOOD	SPEAKING FAIR	UNDERSTANDING EXC.	UNDERSTANDING GOOD	UNDERSTANDING FAIR
Spanish	X			X			X		
French		X							X

20. IF YOU HAVE TRAVELED OR RESIDED IN ANY FOREIGN COUNTRIES, SHOW (A) NAMES OF COUNTRIES, (B) DATES AND LENGTH OF TIME SPENT THERE, AND (C) REASON OF RESIDENCE (e. g., military service, business, education, recreation)

21. LIST ANY SPECIAL SKILLS YOU POSSESS AND MACHINES AND EQUIPMENT YOU CAN USE [illegible]

APPROXIMATE NUMBER OF WORDS PER MINUTE IN TYPING / SHORTHAND

22. ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION (such as pilot, electrician, radio operator, teacher, lawyer, CPA, etc.)? ☐ YES ☐ NO GIVE KIND OF LICENSE AND STATE:

FIRST LICENSE OR CERTIFICATE (YEAR)

LATEST LICENSE OR CERTIFICATE (YEAR)

23. GIVE ANY SPECIAL QUALIFICATIONS NOT COVERED ELSEWHERE IN YOUR APPLICATION SUCH AS (A) YOUR MOST IMPORTANT PUBLICATIONS (do not submit copies unless requested) (B) YOUR PATENTS OR INVENTIONS (C) PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE (D) MEMBERSHIP IN PROFESSIONAL OR SCIENTIFIC SOCIETIES, ETC. (E) HONORS AND FELLOWSHIPS RECEIVED

Phi Beta Kappa

24. REFERENCES. List three persons living in the United States or Territories of the United States who are NOT related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors listed under Item 18 (EXPERIENCE)

FULL NAME	PRESENT BUSINESS OR HOME ADDRESS (Give complete current address including street and number)	BUSINESS OR OCCUPATION
1. Norman Armour	c/o Dept. of State	Former Ambassador to Venezuela
2. Edward Sparks	c/o Dept. of State	Ambassador to Bolivia
3. Walter J. Donnelly	c/o Dept. of State	Ambassador to Austria

INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO
25. MAY INQUIRY BE MADE OF YOUR PRESENT EMPLOYER REGARDING YOUR CHARACTER, QUALIFICATIONS, ETC.?	X	
26. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES?	X	
27. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF THE COMMUNIST PARTY, U. S. A., OR ANY COMMUNIST ORGANIZATION?		X
28. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF A FASCIST ORGANIZATION?		X
29. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP OR COMBINATION OF PERSONS WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT, OR OF AN ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP OR COMBINATION OF PERSONS WHICH HAS ADOPTED A POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR OF SEEKING TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS?		X
If your answer to question 27, 28, or 29 above is "yes," state in Item 39 the names of all such organizations, associations, movements, groups, or combination of persons and dates of membership. Give complete details of your activities therein and make any explanation you desire regarding your membership or activities therein.		
30. SINCE YOUR 16TH BIRTHDAY, HAVE YOU EVER BEEN ARRESTED, INDICTED, OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING, OR CONVICTED, FINED OR IMPRISONED OR PLACED ON PROBATION, OR HAVE YOU EVER BEEN ORDERED TO DEPOSIT BAIL OR COLLATERAL FOR THE VIOLATION OF ANY LAW, POLICE REGULATION OR ORDINANCE (EXCLUDING MINOR TRAFFIC VIOLATIONS FOR WHICH A FINE OR FORFEITURE OF $25 OR LESS WAS IMPOSED)? *If your answer is "Yes," list all such cases under Item 39 below. Give in each case (1) the date; (2) the nature of the offense or violation; (3) the name and location of the court; (4) the penalty imposed, if any, or other disposition of the case. If appointed, your fingerprints will be taken.*		X
31. HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM ANY POSITION? *If your answer is "Yes," give in Item 39 the name and address of employer, date, and reason in each case.*		X
32. HAVE YOU EVER BEEN BARRED BY THE U. S. CIVIL SERVICE COMMISSION FROM TAKING EXAMINATIONS OR ACCEPTING CIVIL SERVICE APPOINTMENTS? *If your answer is "Yes," give dates of and reasons for such debarment in Item 39.*		X
33. [illegible]		X
34. [illegible] *If your answer is "Yes," give complete details in Item 39.*		X

INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO
35. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY OR MUNICIPALITY? *If your answer is "Yes," give details in Item 39.*		X
36. DOES THE UNITED STATES GOVERNMENT EMPLOY IN A CIVILIAN CAPACITY ANY RELATIVE OF YOURS (BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 24 MONTHS? *If your answer is "Yes," show in Item 39 for EACH such relative (1) full name; (2) present address, (3) relationship; (4) Department or Agency by which employed, and (5) kind of appointment.*		X

SPECIAL INSTRUCTIONS FOR CLAIMING VETERAN PREFERENCE

A. If you are claiming preference as a PEACETIME VETERAN who has been awarded a campaign badge or service ribbon, or as a DISABLED VETERAN, or as the WIFE OF A DISABLED VETERAN, or as the WIDOW OF A WAR OR CAMPAIGN VETERAN, attach Veteran Preference Claim, CSC Form 14, together with proof specified therein.

B. If you are a WAR-TIME VETERAN not claiming disability preference, you should NOT submit your discharge with this application. Preference will be tentatively credited to you and if appointed, you will be required to submit to the appointing officer prior to entry on duty, official evidence of separation from active service in the armed forces of the United States in time of war.

	YES	NO
37. (A) WERE YOU EVER IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING TIME OF WAR?	X	
(B) IS THE WORD "HONORABLE" OR THE WORD "SATISFACTORY" USED IN YOUR DISCHARGE OR SEPARATION PAPERS TO SHOW THE TYPE OF YOUR DISCHARGE OR SEPARATION?	X	
(C) WAS SERVICE PERFORMED ON AN ACTIVE FULL-TIME BASIS WITH FULL MILITARY PAY AND ALLOWANCES?	X	

(D) DATE OF ENTRY OR ENTRIES INTO SERVICE	DATE OF SEPARATION OR SEPARATIONS
Sept. 1943	March 1945
BRANCH OF SERVICE (Army, Navy, Marine Corps, Coast Guard, etc.)	SERIAL NO. (if none, give grade or rating at time of separation)
Army	35228658

	YES	NO
38. (A) IF YOU SERVED IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING PEACETIME ONLY, DID YOU PARTICIPATE IN A CAMPAIGN OR EXPEDITION AND RECEIVE A CAMPAIGN BADGE OR SERVICE RIBBON?		
(B) ARE YOU A DISABLED VETERAN? *If so, and you have not listed your disability in answer to Item 33, explain in Item 39 below.*		
(C) ARE YOU A VETERAN'S WIDOW WHO HAS NOT REMARRIED?		
(D) [illegible]		

THIS SPACE FOR USE OF APPOINTING OFFICER ONLY

This information contained in the answers to question 37 above has been verified by comparison with the discharge certificate on ...., 19....

Agency: .... Title: ....

39. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS (Indicate item numbers to which answers apply)

ITEM NO.		ITEM NO.	

[illegible]

Before signing this application check back over it to make sure that you have answered ALL questions correctly.

I CERTIFY that the statements made by me in this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith.

False statement on this application is punishable by Law (U. S. Code, Title 18, Section 80)

SIGNATURE OF APPLICANT

[illegible]

14-00000

STANDARD FORM 57 - NOV 1947
U.S. CIVIL SERVICE COMMISSION

APPLICATION FOR FEDERAL EMPLOYMENT

INSTRUCTIONS: In order to prevent delay in consideration of your application, answer every question on this form clearly and completely. Type, write or print in INK. In applying for a specific United States Civil Service examination, read the examination announcement carefully and follow all directions. If you are applying for a WRITTEN examination, follow the instructions in the announcement regarding disposition of the application. If you are applying for an UNWRITTEN examination, mail this application to the office named in the announcement. Be sure to mail to the same office any other forms required by the announcement. Notify the office with which you file this application of any change in your address.

1. Name of examination or kind of position applied for:

2. Options (if mentioned in examination announcement):

3. Place of employment applied for (City and State): Foreign Service

4. Date of this application: 25 February 52

5. Mr. / Mrs. / Miss (First name) (Middle) (Maiden, if any) (Last): Robert Tyler SHAW

6. (a) Street and number or R. D. number: 1714 Huntington, Arlington, Virginia

(b) City or post office (including postal zone) and State:

7. Legal or voting residence (State): ARIZONA

8. (a) Office phone: (b) Home phone:

9. Date of birth (month, day, year): 18 June 1925

10. [X] Married [ ] Single

11. Place of birth (city and State, if born outside U.S., name city and country): Washington, D.C.

12. [X] Male [ ] Female

13. (a) Height without shoes: 5 feet 7 inches (b) Weight: 135 pounds

14. (a) Have you ever been employed by the Federal Government? [X] Yes [ ] No

(b) If so, give last grade and date of last change in grade: FSS-9 1949

DO NOT WRITE IN THIS BLOCK
For Use of Civil Service Commission Only

[ ] Appor. [ ] Non Appor. | [ ] Submitted [ ] Returned | Entered Register

Notations: | App. Review | Approved:

Option	Grade	Earned Rating	Preference	Augm. Rating
			[ ] 5 Points (Tent.)	
			[ ] 10 Points	
			[ ] Wife or Widow	
			[ ] Disal.	
			[ ] Being Investigated	
Initials and Date				

15. (a) What is the lowest entrance salary you will accept? $.......... per year. You will not be considered for any position with a lower entrance salary.

(b) Check if you will accept short-term appointment if offered, for [ ] 1 to 3 months [ ] 1 to 6 months [ ] 6 to 12 months

NOTE: Acceptance or refusal of a temporary short-term appointment will not affect your opportunity to obtain a probational appointment.

(c) If you are willing to travel, specify: [ ] Occasionally [X] Frequently [ ] Constantly

(d) Check if you will accept appointment, if offered: [ ] In Washington, D.C. [ ] Anywhere in the United States [X] Outside the United States

(e) If you will accept appointment in certain locations only, give acceptable locations.

16. Experience: It is important for you to furnish all information requested below in sufficient detail to enable the Civil Service Commission and the appointing officers of agencies to give you full credit in determining your qualifications. Use a separate block for each position. Start with your present position and work back, explaining clearly the principal tasks which you performed in each position, accounting for all periods of unemployment. Experience gained more than 15 years ago which is not pertinent to the work for which you are applying may be summarized in one or more of the blocks. If your duties changed materially while working for the same employer, use a separate block to describe each position. You may include any pertinent religious, civic, welfare, or organizational activity which you have performed, either with or without compensation, showing the number of hours per week and weeks per year in which you were engaged in such activity. Military experience should be described in the spaces below in its proper sequence.

(a) If you were ever employed in any position under a name different from that shown in Item 5 of this application, give under "Description of your work" for each position, the name used.

(b) If you have never been employed or are now unemployed, indicate that fact in the space provided below for "Present Position."

PRESENT POSITION

(1)

Dates of employment (month, year): From January 1951 to present time

Exact title of your present position: Personnel Procurement

Grade (if in Federal Service):

Salary: Beginning $ 5,000 per yr. Present $ 6,000 per yr.

Place of employment (city and State): Cincinnati, Ohio

Name and title of immediate supervisor: William H. Reardon, Chief

Name and address of employer (firm, organization or person; if Federal, name department, bureau or establishment, and division): Procter and Gamble

Kind of business or organization (e.g., wholesale silk, insurance agency, manufacture of locks, etc.): Soap and Chemical manufacture

Number and kind of employees supervised by you: 11 filing clerks, typists, interviewers

Reason for desiring to change employment: Desire to resume career in Foreign/Service

Description of your work:

Coordinate interviewing of applicants for employment, supervise administration of aptitude tests, arrange for recruitment trips to principal colleges and universities throughout the country, maintain close liaison with Personnel Research and Personnel Relations Departments, assist in relief of unfit employees. Translation of personnel forms into Spanish.

(CONTINUED ON NEXT PAGE)

14-00000

16 CONTINUED

(2) DATES OF EMPLOYMENT (month, year) FROM Oct. 1949 TO Dec. 1951

EXACT TITLE OF YOUR POSITION: Assistant Attache

CLASSIFICATION GRADE (if in Federal service): FSS-9

SALARY OR EARNINGS: STARTING $ PER; FINAL $ 4290 PER yr

PLACE OF EMPLOYMENT (city and State): Washington, D.C. and Caracas, Venezuela

NAME AND TITLE OF IMMEDIATE SUPERVISOR: Ambassador

NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name department, bureau or establishment, and division): Department of State

KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of locks, etc.): Government

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU: 3 clerks

REASON FOR LEAVING: Better opportunity in private industry

DESCRIPTION OF YOUR WORK:

General duties of Foreign Service Staff Officer (Embassy - political section.) Preparation of reports for the Department and memoranda for the Ambassador. Consultation with officials of the local government and American companies (especially petroleum industry) operating in Venezuela. Assistance in visa affairs (consular section.)

(3) DATES OF EMPLOYMENT (month, year) FROM Nov 1947 TO Oct 1949

EXACT TITLE OF YOUR POSITION: Editor

CLASSIFICATION GRADE (if in Federal service):

SALARY OR EARNINGS: STARTING $ PER; FINAL $3,600 PER yr

PLACE OF EMPLOYMENT (city and State): Cincinnati, Ohio

NAME AND TITLE OF IMMEDIATE SUPERVISOR: Carl Frantz, Chief

NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name department, bureau or establishment, and division): Procter and Gamble

KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of locks, etc.): Soap and Chemical Manufacture

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU: 2 clerks

REASON FOR LEAVING: Desire to enter Foreign Service

DESCRIPTION OF YOUR WORK:

Supervision of preparation (from compilation through printing) of sales manuals for company sales force. Preparation of aptitude tests and general qualifications questionnaires used by company in recruitment of salesmen. Preparation of material for company "house magazine." Liaison with other Personnel Departments. Close work with company printing plant and private establishments.

(4) DATES OF EMPLOYMENT (month, year) FROM TO

EXACT TITLE OF YOUR POSITION:

CLASSIFICATION GRADE (if in Federal service):

SALARY OR EARNINGS: STARTING $ PER; FINAL $ PER

PLACE OF EMPLOYMENT (city and State):

NAME AND TITLE OF IMMEDIATE SUPERVISOR:

NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name department, bureau or establishment, and division):

KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of locks, etc.):

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU:

REASON FOR LEAVING:

DESCRIPTION OF YOUR WORK:

14-00000

(5) DATES OF EMPLOYMENT (month, year) FROM TO | EXACT TITLE OF YOUR POSITION | CLASSIFICATION GRADE (if Federal service) | SALARY OR EARNINGS STARTING $ PER FINAL $ PER

PLACE OF EMPLOYMENT (city and State) | NAME AND TITLE OF IMMEDIATE SUPERVISOR

NAME AND ADDRESS OF EMPLOYER (firm, organization, or person. If Federal, name department, bureau or establishment, and division) | KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of locks, etc.)

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU | REASON FOR LEAVING

DESCRIPTION OF YOUR WORK

If more space is required, use a continuation sheet (Standard Form No. 58) or a sheet of paper the same size as this page. Write on each sheet your name, address, date of birth, and examination title. Attach to inside of this application.

17. MILITARY TRAINING. In the space below, describe any training received in the Armed Services (not already listed under Item 16) that would assist appointing officers in placing you most effectively. Indicate actual amount of training received, such as hours per week. Detailed information regarding any special service schools you attended is especially important. (Extra pages may be used to give full descriptions.)

DATES FROM	DATES TO	LOCATION	DESCRIPTION OF TRAINING
Jan 1944	May 1944	Camp Callan, California	Basic anti-aircraft training, schooling in fire control, specialization in anti-armor use of AA weapons.

18. EDUCATION (Circle highest grade completed): 1 2 3 4 5 6 7 8 9 10 11 (12)

MARK (X) THE APPROPRIATE BOX TO INDICATE SATISFACTORY COMPLETION OF
☐ ELEMENTARY SCHOOL ☐ JUNIOR HIGH SCHOOL ☒ SENIOR HIGH SCHOOL

(A) GIVE NAME AND LOCATION OF LAST HIGH SCHOOL ATTENDED
Bath High School, Osborn, Ohio

(B) SUBJECTS STUDIED IN HIGH SCHOOL WHICH APPLY TO POSITION DESIRED
Languages, History, Geography

(C) NAME AND LOCATION OF COLLEGE OR UNIVERSITY	MAJOR AND SPECIALTY	DATES ATTENDED FROM	DATES ATTENDED TO	YEARS COMPLETED DAY	YEARS COMPLETED NIGHT	DEGREES CONFERRED TITLE	DEGREES CONFERRED DATE	SEMESTER HOURS CREDIT
Ohio State University	LA	Mar 1943	Sept 1943					
" "	LA	Mar 1945	Sept 1945	1½				
University of Arizona	LA	Sept 1945	July 1947	2½		BA	July 1947	

(D) CHIEF UNDERGRADUATE SUBJECTS / GRADUATE SUBJECTS
Spanish
Political Science and History

(E) OTHER TRAINING SUCH AS VOCATIONAL, BUSINESS, STUDY OR TRAINING GIVEN THROUGH THE ARMED FORCES INSTITUTE (Give name and location of school) OR IN-SERVICE TRAINING IN FEDERAL OR PRIVATE EMPLOYMENT | SUBJECTS STUDIED | DATES ATTENDED FROM TO | YEARS COMPLETED DAY NIGHT

19. INDICATE YOUR KNOWLEDGE OF FOREIGN LANGUAGES

LANGUAGE	READING	SPEAKING	TRANSLATING	
Spanish	X	X	X	
French	X			X

20. ARE YOU NOW A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION (such as pilot, electrician, radio operator, teacher, lawyer, CPA, etc.)?
☐ YES ☐ NO ... IF "YES," GIVE KIND OF LICENSE AND STATE
FIRST LICENSE OR CERTIFICATE (YEAR)

21. [illegible]

22. [illegible]

Phi Beta Kappa

[illegible]

14-00000

24\. REFERENCES. List three persons living in the United States or Territories of the United States who are NOT related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors listed under Item 16 (EXPERIENCE).

	FULL NAME	PRESENT BUSINESS OR HOME ADDRESS (Give complete current address, including street and number)	BUSINESS OR OCCUPATION
1.	Norman Armour	c/o Dept. of State, Washington	Diplomat - former Amb. in Caracas
2.	Edward Sparks	c/o Dept. of State, Washington	Diplomat - assigned Amb. in La Paz
3.	William S. Rice	130 E. 56th St., New York, N.Y.	Businessman - Procter & Gamble

INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO
25. MAY INQUIRY BE MADE OF YOUR PRESENT EMPLOYER REGARDING YOUR CHARACTER, QUALIFICATIONS, ETC.?	✓	
26. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES?	X	
27. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF THE COMMUNIST PARTY, U.S.A., OR ANY COMMUNIST ORGANIZATION?		X
28. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF A FASCIST ORGANIZATION?		X
29. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT, OR OF AN ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP OR COMBINATION OF PERSONS WHICH HAS ADOPTED A POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR OF SEEKING TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS?		X
If your answer to question 27, 28, or 29 above is "yes," state in Item 39 the names of all such organizations, associations, movements, groups, or combination of persons and dates of membership. Give complete details of your activities therein and make any explanation you desire regarding your membership or activities therein.		
30. SINCE YOUR 16TH BIRTHDAY, HAVE YOU EVER BEEN ARRESTED, INDICTED, OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING, OR CONVICTED, FINED, OR IMPRISONED OR PLACED ON PROBATION OR HAVE YOU EVER BEEN ORDERED TO DEPOSIT BAIL OR COLLATERAL FOR THE VIOLATION OF ANY LAW, POLICE REGULATION OR ORDINANCE (EXCLUDING MINOR TRAFFIC VIOLATIONS FOR WHICH A FINE OR FORFEITURE OF $25 OR LESS WAS IMPOSED)? *If your answer is "Yes," list all such cases under Item 39 below. Give in each case (1) the date, (2) the nature of the offense or violation, (3) the name and location of the court, (4) the penalty imposed, if any, or other disposition of the case. If appointed, your fingerprints will be taken.*		X
31. HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN, FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM ANY POSITION? *If your answer is "Yes," give in Item 39 the name and address of employer, date, and reason in each case.*		X
32. HAVE YOU EVER BEEN BARRED BY THE U.S. CIVIL SERVICE COMMISSION FROM TAKING EXAMINATIONS OR ACCEPTING CIVIL SERVICE APPOINTMENTS? *If your answer is "Yes," give dates of and reasons for such debarment in Item 39.*		X
33. HAVE YOU ANY PHYSICAL HANDICAP, DISEASE, OR OTHER DISABILITY WHICH SHOULD BE ... IN ASSIGNING YOU TO WORK? *If your answer is "Yes," give ... in Item 39 ... to your physical fitness for ...*		X
34. ... DISTRICT OF COLUMBIA GOVERNMENT ... RETIREMENT ACT ... PENSION OR OTHER COMPENSATION ... MILITARY OR NAVAL SERVICE? *If your answer is "Yes," give complete data in Item 39.*		X

INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO
35. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY OR MUNICIPALITY? *If your answer is "Yes," give details in Item 39.*		X
36. DOES THE UNITED STATES GOVERNMENT EMPLOY IN A CIVILIAN CAPACITY ANY RELATIVE OF YOURS (BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 24 MONTHS? *If your answer is "Yes," show in Item 39 for EACH such relative (1) full name, (2) present address, (3) relationship, (4) Department or Agency by which employed, and (5) kind of appointment.*		X

SPECIAL INSTRUCTIONS FOR CLAIMING VETERAN PREFERENCE

A. If you are claiming preference as a PEACETIME VETERAN who has been awarded a campaign badge or service ribbon, or as a DISABLED VETERAN, or as the WIFE OF A DISABLED VETERAN, or as the WIDOW OF A WAR OR CAMPAIGN VETERAN, attach Veteran Preference Claim, CSC Form 14, together with proof specified therein.

B. If you are a WAR TIME VETERAN not claiming disability preference, ... NOT submit your discharge with the application. Preference will be tentatively credited to you and if appointed, you will be required to submit to the appointing officer prior to entry on duty, official evidence of separation from active service in the armed forces of the United States in time of war.

	YES	NO
37. (A) WERE YOU EVER IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING TIME OF WAR?	X	
(B) IS THE WORD "HONORABLE" OR THE WORD "SATISFACTORY" USED IN YOUR DISCHARGE OR SEPARATION PAPERS TO SHOW THE TYPE OF YOUR DISCHARGE OR SEPARATION?	X	
(C) WAS SERVICE PERFORMED ON AN ACTIVE FULL TIME BASIS, WITH FULL MILITARY PAY AND ALLOWANCES?	X	

(D) DATE OF ENTRY OR ENTRIES INTO SERVICE	DATE OF SEPARATION OR SEPARATIONS
September 1943	March 1945
BRANCH OF SERVICE (Army, Navy, Marine Corps, Coast Guard, etc.)	SERIAL NO. (if none, give grade or rating at time of separation)
Army	35228658

	YES	NO
38. (A) IF YOU SERVED IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING PEACETIME ONLY, DID YOU PARTICIPATE IN A CAMPAIGN OR EXPEDITION AND RECEIVE A CAMPAIGN BADGE OR SERVICE RIBBON?		
(B) ARE YOU A DISABLED VETERAN? *If so, and you have not listed your disability in answer to Item 33, explain in Item 39 below.*		
(C) ARE YOU A VETERAN'S WIDOW WHO HAS NOT REMARRIED?		
(D) ARE YOU THE WIFE OF A VETERAN WHO HAS A SERVICE CONNECTED DISABILITY WHICH DISQUALIFIES HIM FOR CIVIL SERVICE APPOINTMENT?		

THIS SPACE FOR USE OF APPOINTING OFFICER ONLY

The ... Question 37 above has been ... and ... with the ... certificate ...

Agency .... Title ....

39\. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS. (Indicate item numbers to which answers apply.)

ITEM NO.		ITEM NO.	

If more space is required, use sheets the same size as this page. Write on each sheet your name, address, date of birth, and examination title. ... of this application.

Before signing this application check back over it to make sure that you have answered ALL questions correctly.

I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

False statement on this application is punishable by Law (U. S. Code, Title 18, Section 80).

SIGNATURE OF APPLICANT Robert T. Shaw

(Sign your name in INK ... (name, initial or initials, and surname). If female ... Miss or Mrs. and ... your own given name as "Mrs. Mary L. Doe.")

LP80-WF-4-16-42-800M sets of 8

CHANGES IN CIVILIAN PERSONNEL
WAR DEPARTMENT
ARMY AIR FORCES AT LARGE

Secret

Patterson Field, Fairfield, O.
(Headquarters)

1. Name	Robert T. Shaw	August 6, 1942 (Date)	9. Report No. T 42-306
2. Nature of Action	Termination		10. Civil Service or other legal authority: A.C.Cir. 40-8
3. Effective Date	August 6, 1942		11. Appropriation: A.C.A. 1942-43 (C)

	FROM	TO	
4. Position	Asst. Messenger, CU-2		12. Date of Birth: June 18, 1925
5. Salary	$1080 per annum		13. Legal Residence: Ohio
6. Org'n Unit	Air Service Command		14. Subject to Retirement Act? No
7. Headquarters	Patterson Field, Fairfield, Ohio.		
8. Dept'l or Field	FIELD	FIELD	15. Oath Taken

16. Remarks: By resignation (Vol.) due to ill health.

Civil Service Authority: Letter of Resignation

Under authority delegated by the Secretary of War in Orders N, dated December 23, 1941, and the directive of the Chief of the Air Corps dated January 17, 1942, you are notified of the above action concerning your employment.

CHARLES S. [illegible], Captain, A. C.
Commanding Officer
[illegible] Civilian Personnel

dsm

FORM NO. C. P.—10
8-41

4

WAR DEPARTMENT
OFFICE OF THE SECRETARY

NOTIFICATION OF PERSONNEL ACTION

Office: Wright Field, Ohio

Date: August 4, 1942

jfw/blt

Journal No. 12-55285-42

Name ROBERT T. SHAW

5-000

Nature of Action: Confirmation of War Service Appointment (Temporary)

Effective Date: June 8, 1942

	From	To
Position		Assistant Messenger
Grade & Salary		CU-2 at $1080 per annum
Bureau		Army Air Forces
Org. Unit		Air Service Command
Station		Fairfield Air Depot, Ohio
Departmental or Field	FIELD	FIELD

Civil Service or other Legal Authority: W. F. S. R. L-CSC ~~XXXXX~~ 5/25/42

Appropriation: Regular

Date of Birth: 6/10/25

NATURE OF POSITION

NEW	ADDNL. IDEN.
X	
VICE	VICE VACANCY

REFERENCE (Name, No. etc.)

Remarks: Appointment made under War Service Regulation V, Section 2.
This action does not confer a classified Civil Service status.
Appointment made for 90 days.
Position No. 4001.

Code-21

By order of the Secretary of War

John H. Martyn

Administrative Assistant

C. S. C. REPORT (Form 50)
TEMPORARY SERIES, DISTRICT MANAGER - PERMANENT SERIES, C. S. COMMISSION

FHM/cb

(Form LE-100)

BOARD OF U. S. CIVIL SERVICE EXAMINERS
WRIGHT FIELD - FAIRFIELD AIR DEPOT
GARFIELD BUILDING, 4TH AND JEFFERSON STS.,
DAYTON, OHIO

Sixth CIVIL SERVICE DISTRICT

June 26, 1942
(Date)

THE COMMISSION

Attention: Service Record Division

The following appointment has been authorized under Executive Order No. 9063 through competitive examination.

5-000

Shaw, Robert T.
(Name)

Assistant Messenger, Cu-2, $1020 per annum
(Position and Salary)

War Department, Army Air Forces
(Department or Agency)

Patterson Field, Fairfield, Ohio
(Location)

James W. Hanley
JAMES W. HANLEY, Secretary
Board of U. S. Civil Service Examiners